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1	IN THE UNITED STATES DISTRICT COURT			
2	NORTHERN DISTRICT OF OHIO			
3	EASTERN DIVISION			
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5				
6	IN RE: NATIONAL PRESCRIPTION MDL No. 2804			
	OPIATE LITIGATION			
7	Case No. 17-md-2804			
8	Judge Dan Aaron			
	This document relates to: Polster			
9				
	The County of Cuyahoga v. Purdue			
10	Pharma L.P., et al.			
	Case No. 18-OP-45090			
11				
12	~~~~~~~~~~			
13	Videotaped deposition of			
	THOMAS GILSON, M.D.			
14	30(b)(6)			
15				
16	January 14, 2019			
	9:07 a.m.			
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18				
19	Taken at:			
20	Climaco, Wilcox, Peca & Garofoli			
21	55 Public Square, Suite 1950			
22	Cleveland, Ohio			
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Page 18 THE VIDEOGRAPHER: The date is 1 2. January 14th, 2019. We are on the record at 9:07 a.m. This is the deposition of Thomas 3 Gilson in the matter of In Re: National 4 5 Prescription Opiate Litigation, in the United States District Court, Northern District of 6 7 Ohio, Eastern Division. 8 Will counsel please state 9 appearances for the record? 10 MR. BADALA: Salvatore Badala for 11 the Plaintiff, Cuyahoga County. 12 MR. GALLUCCI: Frank Gallucci for 13 Plaintiff, Cuyahoga County. 14 MS. PATEL: Ami Patel, for 15 Plaintiff, City of Cleveland. 16 MS. JAMES: Erica James, Tucker 17 Ellis, for Janssen Pharmaceuticals and Johnson & 18 Johnson. 19 MR. PADUKONE: Aseem Padukone, 20 Covington & Burling, on behalf of McKesson 21 Corporation. 2.2 MS. HARTMAN: Ruth Hartman, Baker 23 Hostetler, on behalf of the Endo Defendants. 24 MS. RANJAN: Brandy Ranjan from Jones Day on behalf of Walmart. 2.5

Page 19 MR. CARTER: Ed Carter for Walmart. 1 2. MS. ZERRUSEN: Sandy Zerrusen, 3 Jackson Kelly, on behalf of AmerisourceBergen. MR. BORANIAN: Steven Boranian from 4 5 Reed Smith for Defendant AmerisourceBergen. MS. ROITMAN: Sara Roitman from 6 7 Dechert on behalf of Purdue. MR. CHEFFO: Mark Cheffo, also from 8 Dechert, for Purdue. 9 THE VIDEOGRAPHER: Will counsel on 10 11 the phone please state appearances for the 12 record? 13 MR. PADGETT: Bill Padgett on behalf of Defendant H.D. Smith. 14 15 MR. KEYES: Andrew Keyes on behalf 16 of Cardinal Health. 17 MS. FISCHER: Alyse Fischer, Morgan 18 Lewis, on behalf of the Teva Defendants. 19 MR. PORTER: Luke Porter with Reed 20 Smith on behalf of AmerisourceBergen. 21 MR. ERB: Chip Erb of Cavitch on 22 behalf of Discount Drug Mart. 23 MR. CHEFFO: Anybody else? 24 THE VIDEOGRAPHER: Will the court 25 reporter please swear in the witness?

Page 20 1 MR. BADALA: I'm sorry. Before you 2. do that, is Ms. Rendon on the phone? I assume 3 not. We just have a standing objection to Ms. Rendon's participation in this matter and 4 5 Baker Hostetler as well. MS. HARTMAN: Just so you know, Endo 6 7 Defendants want their client to have counsel here and we know your objection but we're here. 8 9 MR. BADALA: That's fine. THOMAS GILSON, M.D., of lawful 10 11 age, called for examination, as provided by the Federal Rules of Civil Procedure, being 12 13 by me first duly sworn, as hereinafter 14 certified, deposed and said as follows: 15 EXAMINATION OF THOMAS GILSON, M.D. 16 BY MR. CHEFFO: 17 Q. Good morning, Doctor. 18 You understand you're under oath 19 today? 20 Yes, I do. Α. 21 You've been deposed before? Ο. 2.2 Α. Yes, I have. 23 And you understand that you've been 0. 24 designated today as what we call a 30(b)(6) or a corporate designee? 25

Page 21

A. Yes, I do.

- Q. And you understand that that means that you're testifying on behalf of the county?
  - A. Cuyahoga County, yes, I do.
  - Q. Great. Thank you.

Would you be good enough to tell us what you did in connection with your preparation today? And I don't want you to tell me any conversations you had with your lawyers, but you can tell me if you met with lawyers, what you reviewed and what else you may or may not have done.

A. I did meet with attorneys today.

Pardon me. I met with attorneys prior to today.

I reviewed case material in the medical examiner's office. I also reviewed case material with regard to the Division of Child and Family Services. I discussed information with the previous coroner. I also discussed information with other county officials with regard to the impact of the opioid crisis on their agencies. I would say in preparation, in general, we've been dealing with the crisis now for a number of years and I've done a lot of preparation in an indirect way ready for today.

Page 22 Well, about how many hours did you 1 2 spend preparing for the deposition and your topics today? 3 All those seven years. 4 5 Well, you didn't know that you were 0. 6 going to be deposed today seven years ago, did 7 you? I hope not. 8 Α. No. 9 When did you first learn that you Ο. 10 were going to be a corporate designee in this 11 deposition? 12 Α. It was a few months ago. I couldn't 13 give you an exact answer how many hours. 14 Several I can say. 15 Q. Several? 16 Several. Α. 17 Like five, ten? Q. No. I'd say probably closer to 35 18 Α. 19 to 40. 20 For all the topics? Q. 21 For all those topics, yes. Α. 2.2 And what specific documents did you Ο. review from the case materials and the various 23 24 coroner information on the divisions in 2.5 connection with your preparing for the

Page 23 deposition today? 1 I reviewed materials in association 2. Α. with the medical examiner's website, other 3 things that were available from task forces. 4 I 5 also reviewed, as I mentioned, things from the Division of Child and Family Services, medical 6 7 literature, internet searches. And I guess what I'm trying to just 8 0. 9 find -- if you can help us out, Doctor, a little more specificity. Did you keep track of 10 11 anything? Did you make copies of anything you 12 reviewed? 13 Α. I did not, no, not specifically. 14 Was there anything that was reviewed Ο. 15 that was not publicly available? 16 To the best of my knowledge, 17 everything that I reviewed was publicly available. 18 19 Were they things that you reviewed 20 of your own volition or were they anything that 21 was provided to you? 2.2 Primarily things of my own volition. 23 I don't think anything was provided to me 24 separately. 2.5 Q. And did you print anything out or

Page 24

did you review everything online?

2.

- A. More online. I mean, our website is online and I can access things through that.
- Q. And who else did you talk to in connection with your preparation for the various topics that you're going to testify about today?
- A. I would have spoken to Dr. Elizabeth Balraj, who was the previous coroner. I spoke to Hugh Shannon, who was the administrator, chief of operations, in my office. I spoke to Tamara Chapman in the Department of Child and Family Services, in addition to David Merriman, who is the director of health and human services. I spoke to Commander Gingell in the Cleveland Police Department in preparation for today. I spoke to Keith Martin, who is in the Drug Enforcement Agency. I also spoke to Derek Siegel, who is the director of the High Intensity Drug Trafficking Area for Ohio.

  Nobody else is coming to mind.
- Q. Okay. And you probably know from your experience and you have good lawyers -- I'm sure they've told you as well -- but if during the course of the deposition something pops up into your mind, oh, I remember speaking to him,

Page 25 1 it's perfectly appropriate for you to amend your 2. response and let us know if that does happen. 3 Α. Sure. Oh, I'm sorry. I can add two 4 5 people. I spoke to Vince Caraffi, who was the injury prevention program head at the Board of 6 7 Health in Cuyahoga County and he was also the head of the opiate task force for the County 8 9 Board of Health. And I also spoke to Dr. Joan 10 Papp, who is an emergency room physician at your 11 county hospital, MetroHealth Medical Center. 12 She is also the medical director of Project 13 DAWN, our Deaths Avoided With Naloxone program. 14 Project --0. 15 Α. DAWN. 16 0. -- DAWN. 17 Did you take any notes during these 18 interviews or conversations? 19 Nothing I retained. Α. 20 Well, did you take notes during the Q. 21 time? 2.2 I might have scribbled things on Α. 23 pads, but I don't have them now. 24 Ο. Where are they? 2.5 Α. I threw them away.

Page 26 You weren't asked to retain those? 1 0. 2. Α. Nobody asked me to retain them, no. 3 Why would you throw them away? 0. They are just really things to 4 Α. 5 refresh my memory, but once I had gotten things in my head, I didn't feel I needed them anymore. 6 7 And you're certain that all of your 0. notes are -- have been destroyed? 8 MR. BADALA: Objection to form. 9 10 Α. I don't know where they would be. Ι 11 mean, if they're in the Cleveland trash dump 12 somewhere I guess, but I don't have access to 13 them anymore. 14 And you took notes during each of these calls? 15 16 I took notes I recall when I was 17 talking to the folks at the Division of Child 18 and Family Services, Mr. Caraffi and Dr. Papp. 19 They're the only ones I remember taking notes 20 with. 21 Did you bring any documents with you Ο. 22 today? 23 Α. I brought a binder, which was made available to me by counsel. 24 25 Do you know what's in it? Q.

Page 27

A. Yes, I do.

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There is a copy of my declaration with regard to Carole Rendon. There is a copy of the corrected complaint, second amended corrected complaint, with a list of the Defendants. There is information that was generated from my office that was shared with counsel already. Our monthly report. This is dated from June 1st, 2018. We've done subsequent reports, but certainly this was the most up to date that was furnished at that time. The other ones, if you're interested in obtaining them, were -- recent copy are available on our website, and that would be going up to January of this year. This is a copy of the third amended notice of a videotaped deposition. And that is in regard to the topics for the deposition that I was asked to prepare for today. This is an organizational chart for Cuyahoga County for my reference. And last is a letter to Special Master David R. Cohen, and I believe this is a correspondence about the interrogatories. O. Is that from Linda Singer?

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Pardon me?

Α.

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Page 28 Is that a Linda Singer letter? 1 0. 2. Α. Linda Singer, that's it. 3 Okay. Did I see some handwritten 0. notes in the very beginning? 4 5 Yes, you did. Α. 6 0. And are those your notes? 7 Α. These are my notes, yes. Okay. Well, we may come back to 8 Ο. 9 that, but let's -- so other than what you've 10 told us, Doctor -- you've spoken to the folks 11 that you've identified, you looked at some 12 publicly available information, you met with 13 your lawyers -- did you do anything else to 14 prepare for giving testimony here on behalf of 15 Cuyahoga? 16 No. I think I reviewed my articles 17 that I've written on this as well and 18 presentations and things like that, but I 19 believe those were made available already as 20 well. 21 2.2 (Thereupon, Gilson Deposition 23 Exhibit 1, Third Amended Notice of 24 Videotaped 30(b)(6) Deposition of 2.5 the County of Cuyahoga, was marked

Page 29 for purposes of identification.) 1 2. 3 Okay. So this is what I think you Q. probably have already, Doctor. This is just a 4 5 copy of the notice of deposition. So as you know, there's a number of topics, and I'm going 6 7 to be covering a number of them, Doctor, and my colleagues are going to be covering them. 8 9 have a limited period of time, so I'm going to 10 ask you to do your best to try to answer the 11 questions that I ask. Obviously if they're not 12 clear, you should let me know if you don't 13 understand them, but what we're going to try and 14 do, because these are relatively targeted, is 15 kind of focus on these specific areas within the 16 limited time we have --17 Α. Sure. 18 -- just to give you a little bit of 19 a roadmap. 20 I'd also like to maybe just start 21 with number -- topic 34. Do you see that? 22 listed on page 4. 23 Α. Yes. 24 0. So of the individuals that you mentioned, did you speak with any of them 25

Page 30 specifically with respect to 34? 1 2. If I could just take a second to refresh myself with the topic. I did speak to 3 the individual from the department -- Drug 4 5 Enforcement Agency about ARCOS data. Was that someone that you listed 6 7 already or somebody else? Keith Martin. 8 Α. Okay. And how long did you speak to 9 0. 10 Mr. Martin for? 11 Maybe no more than five minutes. Α. 12 Did you do anything else to prepare Ο. 13 for topic 34? 14 I discussed it with counsel when we Α. 15 were preparing. 16 Anything else? Ο. 17 Not that I remember, no. Α. So who are the individuals and 18 Ο. 19 entities other than Defendants, if any, who 20 Cuyahoga County believes caused or contributed 21 to the opioid crisis in Cuyahoga County? 2.2 Α. Cuyahoga County believes that the opioid crisis in our county is directly 23 24 responsible to the Defendants and does not mention any others. 25

Page 31 1 I think that doesn't answer my Ο. 2. question. 3 Α. There are no others. So you -- it's Cuyahoga's testimony 4 Ο. 5 that there are no other individuals or entities anywhere in the world other than the Defendants 6 7 who caused or contributed to the opioid crisis? Is that your testimony? 8 9 MR. BADALA: Objection to form. 10 Α. It's the testimony of Cuyahoga 11 County that there are other individuals involved 12 but their responsibility is ultimately referable 13 back to the Defendants. 14 And that's not answering my 0. 15 question, Doctor. 16 You spoke with --17 I'm sorry. I'm trying the best I Α. 18 can. 19 Ο. Okay. One of the topics was to 20 identify the entities and individuals, other 21 than Defendants, who Cuyahoga County, as a 2.2 non-expert, believes caused or contributed to the opioid crisis in the Cuyahoga geographic 23 24 entity -- area. Excuse me. And I'm just trying 2.5 to understand, as you sit here today on behalf

Page 32 of Cuyahoga, if you could tell me any 1 2. individuals or entities, other than the Defendants, that Cuyahoga County believes caused 3 or contributed to --4 5 MR. BADALA: Objection to form. Asked and answered. 6 7 Α. Cuyahoga County does not identify any additional individuals other than the 8 9 Defendants who caused the opioid epidemic in the 10 county. What about contributed to? 11 12 Again, referable back to the 1.3 Defendants, so that we have not named anybody 14 separately other than the Defendants. 15 Ο. Has Cuyahoga County looked at the 16 ARCOS data? 17 A. Cuyahoga County does not have access 18 to the ARCOS data, and as such, we have never 19 been able to review it. 20 Q. How do you know that Cuyahoga County 21 doesn't have access to it? 22 Α. Based on my discussions with 23 Mr. Martin from the Drug Enforcement Agency, who 24 oversees the ARCOS data, Cuyahoga County would 25 not have access to that data.

Page 33 That includes currently today? 1 Ο. 2. Α. As of today. 3 And if you had access, would you Ο. look at it? 4 5 As it was relevant to the opioid crisis, it certainly would have been something 6 7 we would have considered looking at, sure. If you had access to it for the last 8 0. 9 three or four months, it's certainly something 10 important to Cuyahoga County to look at, right? 11 MR. BADALA: Objection to form. 12 I think it's relevant in terms of --Α. 1.3 as I understand ARCOS data, it's distribution 14 of -- quantifications of distributions of drugs 15 into Cuyahoga County, and I think that that 16 would be something that would be potentially 17 relevant to our efforts to address the opioid 18 crisis. 19 I think, you know, at this point in 20 the opioid crisis we're also looking at an

the opioid crisis we're also looking at an evolution from the original problem with opioid pain relievers to heroin and fentanyl, but I think the information from a county standpoint would still be potentially helpful.

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Q. And as you understand it, the county

Page 34 hasn't had access and hasn't looked at any of 1 the ARCOS data even to today? 3 MR. BADALA: Objection to form. I am not aware of any access the 4 Α. 5 county has to ARCOS data, and based on my discussion with the Drug Enforcement 6 7 Administration representative with whom I spoke, the county does not have access to ARCOS data. 8 9 And when did you speak with 10 Mr. Miller -- Mr. Martin? Excuse me. 11 I spoke with him on Friday. Α. Just to see if we could just make 12 0. 13 sure that we're on the same page, Doctor, so 14 it's the county's position that if a doctor 15 prescribed unlawfully a number of prescriptions 16 to patients solely for his or her economic gain, 17 not for any medical purpose, would that have contributed to the opioid crisis? 18 19 MR. BADALA: Objection to form. 20 Yes, it would have. Α. 21 And if a Mexican cartel had shipped 2.2 illegal synthetic fentanyl into the geographic boundary of Cuyahoga County, would that have 23 24 contributed to the opioid crisis? 2.5 Yes, it would have. Α.

Page 35 1 And if a -- do you know what a pill 0. mill is? 2. 3 In a general sense. Α. If there was a pill mill operating 4 Ο. 5 in Cuyahoga County, would that have contributed to the opioid crisis? 6 7 Just so we're on the same page, because it sounded similar to your initial 8 9 question, I would define a pill mill as an 10 illegal operation with a doctor dispensing drugs 11 without establishing a doctor/patient 12 relationship, essentially for profit, and these 13 were frequently operations that would be cash 14 only, very few questions asked, and I think, you 15 know, they were not reputable in any sense. 16 And that's -- I would adopt that 0. 17 definition, Doctor. 18 Α. You can use that one. 19 Okay. So when I talk about a pill Ο. 20 mill, I'm talking about kind of people who are 21 doing things for non-medically appropriate uses 22 to essentially create economic gain for themselves at the expense of patients or others. 23 24 MR. BADALA: Objection to form. 25 Yes, that would have contributed, Α.

Page 36 and I think it's still in this way referable 1 2. back to the Defendants. Well, has anybody -- have you 3 identified any of those, any pill mills, any 4 5 doctors who engaged in illegal conduct, any drug gang or other drug activity? 6 7 MR. BADALA: Objection to form. The county has. I couldn't, as I 8 Α. 9 sit here today, give you names of those 10 individuals. The pill mill was something that 11 wasn't as prevalent in this area as it was in 12 the southern part of the state, but we were 13 certainly aware of them and there were pain clinics or things like that here. 14 15 So you're not suggesting that none 16 of that ever happened in Cuyahoga County? 17 Oh, no, certainly not. Certainly Α. 18 not. 19 And all of those things contributed 0. 20 to the opioid crisis in Cuyahoga County, 21 correct? 22 Α. That would be the county's opinion, 23 yes. 24 0. And then the question here is, Doctor, identify them. Who are they? 25

A. I would have to refer to the prosecutor, who's also a witness, in terms of Defendants who were identified and prosecuted.

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Q. But I thought you just told me that none of those people did cause or contribute, so I'm a little confused. Did they cause or contribute or did they not?

MR. BADALA: Objection to form.

- A. Oh, no. I'm sorry. I said that they -- their actions contributed, but ultimately I think their actions are referable back to the Defendants.
- Q. Well, that's not my question. My question is if their -- let's start with their actions. You might have a view, a personal view as to whether it's attributable, but what we're trying to find out is the identification of those individuals. Are you prepared to tell us the identification of even one of those improper doctors or pill mills or drug conduct?

MR. BADALA: Objection to form.

- A. The only one I can think of off the top of my head was an organization -- I believe it was called the Northeast Ohio Pain Clinic.
  - Q. So are they one of the individuals

Page 38 or entities that caused or contributed to the 1 2. opioid crisis? 3 MR. BADALA: Objection to form. Again, I think they had a 4 Α. 5 contribution in being an illicit source of opioid pain reliever, sure. 6 7 And anyone else? Ο. Again, I have to say I would have to 8 Α. 9 defer to the prosecutor who they identified in 10 prosecutions as overprescribing in their work. 11 We wouldn't have directly investigated some of 12 these things through my agency or many others 13 and the prosecutor would be the best source of information there. 14 15 I understand, Doctor. As we 16 discussed, you're here testifying on behalf of 17 the county, right? 18 Α. That's right. 19 Did you talk to the prosecutor? 20 I spoke with James Gutierrez in Α. 21 the -- oh, there's another one. James Gutierrez 2.2 in the prosecutor's office. 23 Did you ask him to identify any of 0. 24 the people that he prosecuted? 2.5 I did not. I asked him in a general Α.

way the impact of the opioid crisis on prosecutions.

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- Q. Did you ask anyone, in sum or substance, hey, I have to respond to topic 34 and identify entities or individuals, can you give me some of those names?
- A. As I say, I spoke with the individuals I spoke with, and -- in attempting to identify those individuals and entities, it's the county's position that while there may have been intermediary steps in diversion and those kind of issues, all of the responsibility for the opioid crisis is referable back to the Defendants.
- Q. Even if a drug cartel shipped in illicit fentanyl from Mexico, that's the responsibility of the Defendants?

MR. BADALA: Objection to form.

- A. Yes, because there would be no need to ship fentanyl to this area if there wasn't a drug-addicted population, and the drug-addicted population is referable back to the opioid pain relievers and the actions of the Defendants.
- Q. So is it your testimony -- is it Cuyahoga's testimony that every person who is

drug addicted in Cuyahoga County ultimately took a prescription opioid medicine?

A. No, that would not be Cuyahoga County's position.

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- Q. Okay. Are there people who never had prescription opioids who are addicted?

  MR. BADALA: Objection to form.
  - A. As far as I know, yes.
- Q. Can you identify any person or prescription, or can the county, and directly relate it to any alleged improper conduct or omission or misrepresentation by any of the Defendants?

MR. BADALA: Objection to form. Outside the scope.

- A. Could we just reference which topic?
- Q. It's in the interrogatories, but -- MR. BADALA: Same objection.
- A. The county identified claims for opiates that were not for cancer patients, were high dose, that is more than 120 medical morphine equivalents, and patients who were diagnosed with a substance use disorder, and patients who, by definition, had been grievously hurt by their prescription. That's in reference

Page 41 1 to Exhibit 6 in my folder. 2. 0. And we're going to get to Exhibit 6, 3 but with respect to any of those, can you identify any specific conduct and tie it to any 4 5 specific prescription or patient? Do you have any of that data or information here today? 6 7 MR. BADALA: Objection to form. Outside the scope. 8 9 I think this is, again, in reference 10 to the interrogatories that were -- data was 11 provided to counsel, reviewed with experts, and 12 that was made available in response to 13 interrogatories. I don't have that with me 14 beyond that. 15 0. Not my question, Doctor. 16 With respect to any alleged addicted 17 person -- let's start with that -- do you have 18 any information that their addiction -- can you 19 identify any person -- is relatable to any 20 conduct, action or omission of any Defendant? 21 MR. BADALA: Objection to form. Outside the scope. Asked and answered. 22 23 Sorry. I missed your question. Α. Do I have any information --24 25 Q. As to any person who you believe is

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addicted in the county, that that addiction was caused by any specific representation, omission or misrepresentation by a Defendant; if so, who and what was the statement or omission.

MR. BADALA: Objection to form. Outside the scope. Asked and answered.

- A. I mean, we have people who are addicted, and going back and looking at their prescription drug monitoring data, had lengthy records there and subsequently went on to die of heroin or fentanyl overdose, and, you know, I think that they're, initially in the first wave of the epidemic, in the heroin phase, that's approximately 80 percent or so of our population, so while I don't think everybody who is addicted to drugs in Cuyahoga County had some antecedent effect or, you know, cause with the opioid pain relievers, a substantial percentage had contact with opioid pain relievers.
  - Q. And you know that how?
- A. That was based on the review of the Ohio Automated RX Reporting System, which is our prescription drug monitoring program. That was started in 2006 to track prescriptions of controlled substances throughout the State of

Page 43 1 Ohio, and we obtained access to that and 2. retrospectively reviewed our heroin overdoses, 3 2012, '13, actually going forward, and we included our fentanyl overdoses more recently to 4 5 identify previous prescriptions received by those individuals. 6 7 Let's go back to 34 for a minute, 0. Doctor. So other than the one -- you named one 8 9 pill mill. What was that? 10 Α. The Northeast Ohio Pain Clinic. I 11 don't remember its exact name, but something 12 like that. We participated in reviewing some 13 records for that. 14 Other than that Northeast Ohio Pain 15 Clinic, can you give the names of any specific 16 individual or entity in response to topic 34? 17 MR. BADALA: Objection to form. 18 I cannot give specific names. They Α. are available through the county and I would 19 20 have to refer to the county prosecutor as a better source of that information. 21 22 So the prosecutor has them, you're 0. just not prepared to tell me what they are right 23 24 now? 2.5 MR. BADALA: Objection to form.

Page 44 1 Α. Yes. 2. 0. Did you talk to anybody else? 3 They're coming to me, but I have to Α. 4 say --5 In connection with 34. Ο. Not as I remember. 6 Α. 7 And is it your -- let me see if I 0. make sure we're clear on this. Is it the 8 9 county's testimony that even to the extent that 10 there's any contribution of anybody or entity other than Defendants, ultimately every single 1 1 one of those instances relates back to the 12 1.3 Defendants' conduct? Is that your testimony? 14 Which instances are we talking Α. 15 about? 16 Well, I'm talking about 34, right? 0. 17 Right. I -- I'm just asking the identification and -- entities of individuals 18 other than the Defendant who contributed or 19 20 caused? Is that the instances you're talking 21 about? 22 Q. Here's what I'm trying to understand. I want to leave this but I want to 23 24 make sure that we're on the same page here. 25 Yeah. Yeah. Sure. Α.

Q. You've told me you can't identify anybody, but you've also then said there may be some individuals or entities out there that are somehow in the chain, if you will, but their conduct is somehow relatable ultimately to the manufacturers. Did I get that right?

MR. BADALA: Objection to form.

A. Yes, you did.

Q. Okay. And is there anybody out there in the chain whose conduct is not in some way, in the county's view, relatable to any of the Defendants?

MR. BADALA: Objection to form.

- A. I think ultimately the county would say no, there is not anybody out there whose conduct is not referable back to the Defendants.
- Q. And you're not aware and you can't tell me anybody in the chain, whether they were relatable to the Defendants' conduct or not, right?

MR. BADALA: Objection to form.

- A. Other than the one I mentioned, I can't give you specific names, no.
  - O. Are you aware of any?
  - A. I know there were prosecutions of

Page 46 1 doctors who were overprescribing based on my 2. discussion with the prosecutor, but the names of those individuals or entities I do not know. 3 Did some of them go to jail? 4 0. 5 I would hope so, but I don't know Α. 6 for sure. 7 Did they lose their licenses? 0. Again, I would hope so, but I don't 8 Α. 9 know the result of that. That isn't something I 10 have access to right now. 11 And you would hope so, I take it, 12 because your understanding of those doctors were 13 that they were engaging in improper conduct that 14 was not in the best interest of their patients, 15 right? 16 MR. BADALA: Objection to form. 17 Outside the scope. 18 I would have hoped so because this county is in the midst of a terrible crisis that 19 20 I think those actions contribute to. 21 "Those actions" meaning the criminal 2.2 conduct of doctors? 23 The overprescribing and the flooding Α. of our county with pain medication, yes. 24

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By doctors, right?

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Q.

Page 47 1 MR. BADALA: Objection to form. 2. Α. By the prescribers, yes. 3 And you believe those people should Q. be punished, I take it? 4 5 MR. BADALA: Objection to form. 6 Outside the scope. 7 Α. Yes. And they should lose their licenses? 8 0. 9 MR. BADALA: Objection to form. 10 Outside the scope. 11 Go ahead. 0. 12 They broke the law. Yeah, I think 13 they should be punished for that, as anybody who breaks the law should get some consequence. 14 15 And if a doctor broke the law and 16 improperly prescribed, they should be punished 17 and perhaps lose their license and perhaps go to jail, correct? 18 19 MR. BADALA: Objection to form. 20 Outside the scope. 21 I think that's a decision the county 2.2 would support. 23 And you believe that if they engaged Ο. in illegal conduct such that they should lose 24 their license or go to jail, that somehow one of 25

Page 48 the Defendants is ultimately responsible for 1 that? 3 Α. Yes. Why is that? 4 0. 5 These operations did not spring up The overprescribing of pain 6 in a vacuum. 7 medication in a pill mill was to address an addicted population, and that addicted 8 9 population is the byproduct of overprescribing 10 and over-distribution of pain medication. the pill mill, while those activities are 11 12 illegal and I certainly would say contribute, 13 are ultimately referable back to an addicted 14 population that was created by the actions of the Defendant. 15 16 The doctor wrote the prescription, 0. 17 right, in a pill mill? 18 MR. BADALA: Objection to form. 19 Outside the scope. 20 The doctor in the pill mill had to Α. 21 write the prescription, yes. 2.2 Ο. And that's the illegal conduct, 23 right? 24 MR. BADALA: Objection to form. 25 Outside the scope.

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- A. I think, you know, in speaking with the prosecutor, they would say, you know, there were, you know, some legitimate patients in the pill mills and some illegitimate patients, and certainly the ones who were receiving diverted -- receiving prescriptions for illegitimate purposes or under improper means, those are the ones that are breaking the law.
- Q. So even in a pill mill, some of them were legitimate, some of them were illegitimate?

  MR. BADALA: Objection to form.

  Outside the scope.
- A. That was my understanding based on discussion with the county prosecutor's representative, yes.
- Q. And if a doctor was punished or prosecuted, it was because he or she engaged in knowingly willfully wrong conduct, right?

  MR. BADALA: Objection to form.

  Outside the scope.
  - A. I would think so, yeah, sure.
- Q. And are you aware of any statement, misrepresentation and conduct that led any of those doctors -- by the Defendants that led any of those doctors to engage in illegal conduct?

Page 50 1 MR. BADALA: Objection to form. 2. Outside the scope. 3 Any specifics? Ο. Statements by the Defendants? 4 Α. 5 Right, that led to someone engaging 0. in illegal prescribing conduct. 6 7 MR. BADALA: Objection to form. Outside the scope. 8 9 I think it's the misrepresentations 10 of the Defendants that create the addicted 11 population. They don't specifically recruit 12 people to run a pill mill, but as they create 13 the addicted population and that generates the 14 pill mill, I would say then those statements are 15 relevant. 16 Let's just talk about the doctors Ο. 17 who wrote those prescriptions. Do you have any 18 information about any statements made to any of 19 those doctors that caused them to engage in 20 illegal conduct? 21 MR. BADALA: Objection to form. 22 Outside the scope. 23 I don't believe the county does, no. 24 0. And what could any of the Defendants 2.5 have done to prevent the Mexican drug cartel

Page 51 from making and trafficking and sending illicit 1 2. fentanyl to the county? Are you aware of any 3 steps? MR. BADALA: Objection to form. 4 5 Outside the scope. Could have avoided creating an 6 7 addicted population in the first place. An addicted population, you've 8 0. 9 mentioned that many times. I understand your 10 point on that. What I'm talking about is the 11 conduct of others, right, of doctors right now 12 and the cartel. Let's talk about that. Do you 13 have any information as to what any of the 14 Defendants could have done to prevent any of those illegal conduct by Mexican drug cartels? 15 16 MR. BADALA: Objection to form. 17 Asked and answered. Outside the scope. If the addicted population was not 18 Α. created, there would not have been a market for 19 20 the Mexican drug cartel. 21 Does the addicted population -well, strike that. 22 23 Other than what we've talked about, can you identify any specific individual or 24 entity in connection with 34, topic 34? 25

Page 52 MR. BADALA: Objection to form. 1 2 Α. I think I've answered everybody I 3 can, sir. Let's look at topic 9, the factors 4 0. 5 that the county as a non-expert believe affect the prescribing practices for prescription 6 7 opioids in your community other than the conduct of Defendants. 8 9 Do you see that? 10 Α. Yes. 11 Who did you talk to in order to be Ο. 12 able to testify about that? 13 Α. Mr. Shannon, in my office, and I 14 would have described that, and then based -- in the medical examiner's office -- I'm sorry. I'm 15 16 just trying to get up to speed again with this. 17 I read it. And I don't want to take up a lot of your time. Some of this would be related to my 18 19 discussion with Dr. Papp as well at the county 20 hospital. 21 Okay. So let me just ask you, then, 22 an open-ended question that hopefully you can help us with. What are the factors that you as 23 24 a non-expert, the county as a non-expert, believe affected prescribing physicians for 25

Page 53 prescription opioids in Cuyahoga County other 1 2. than the conduct of any Defendant? 3 It is, again, the county's opinion Α. that ultimately those actions are all referable 4 5 back to the Defendants, and there's nothing -there are intermediate steps, but ultimately 6 7 they're referable back to the Defendants. And can you identify -- are you able 8 0. 9 to parse out any conduct by any Defendant? 10 MR. BADALA: Objection to form. 1 1 Outside the scope. 12 Α. Yes, I am. We are. The county, as 13 you know. So the answer essentially to 9 is 14 0. 15 there are none? 16 MR. BADALA: Objection to form. Other than the Defendant or actions 17 Α. referable back to the Defendant. 18 19 Well, that's not what it says. It Ο. 20 says -- let's not rewrite the interrogatory. It 21 says, "Other than the conduct of any Defendant." Are there any factors, even one, that the county 22 believes affected prescribing practices for 23 prescription opioids other than the conduct of 24 25 any Defendant? Are there any, yes or no?

MR. BADALA: Objection to form. Asked and answered.

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- A. On behalf of the county, I'd have to say again that there are intermediates, but ultimately the answer to that would be no, excepting those intermediates; that all of the actions around the prescribing are referable back to the Defendants.
  - Q. So tell me all the intermediates.

    MR. BADALA: Objection to form.
- A. If we look at the heroin-addicted population, again, 80 percent or so of these individuals in Cuyahoga County, give or take -- I mean, you use national data coupled with local data to say that that addicted population started their addiction with opioid pain relievers.

Now, if you would say does one of the Defendants run a drug cartel in Mexico, I think we would all agree the answer to that is no. But at the time the opioid crisis evolved from a more opioid pain reliever to a heroin phase, again, with these folks having their antecedent addiction to opioid pain relievers in large measure, the availability of heroin at

Page 55 that point was an inducement to the cartels to 1 2. start to sell that here, and because of less 3 availability of narcotics, potential reformulations of the prescription pain 4 5 relievers, costs of the prescription pain relievers, any other potential factors, heroin 6 7 started to become a crisis in our county, but the actions of heroin, or the genesis of the 8 9 heroin addiction is referable back to the opioid 10 pain relievers. 11 I'm going to move to strike. 12 asked you specifically, Doctor, what the 13 intermediates are. One is, in that answer I 14 think you just gave us, cartels; they're an 15 intermediary, right? 16 Α. Sure. 17 Who else? Q. 18 The addicted population I guess are Α. intermediaries in that they are now engaged in 19 20 drug-seeking behavior. 21 Who else? 0. 2.2 In that model, I think that just describes kind of the chain from the cartel. 23 24 You know, there's obviously distribution points between cartel, dealer, and things like that. 25

Q. Be specific as you could, please, Doctor.

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MR. BADALA: Objection to form.

A. Well, a cartel would basically oversee an operation that potentially would have local distribution points, regional distribution points. A lot of our drugs, for example, could have come through Columbus, Detroit, Chicago, New York, there, and ultimately come down to people distributing those drugs locally. I guess they would be intermediate points. They just kind of lump the cartel as the distribution system there.

And then the sale of the heroin, which, as I indicated, it's really not something that is being manufactured or distributed by the Defendants, but as we look at how this population was initially created, that is referable back to the actions of the Defendants.

Q. Now, I'm going to go back and we're going to read number 9 again because I think we've gotten a little off topic, but let me just ask you a few questions here.

So the intermediaries are the people in the cartel and illegal drug distribution

Page 57 chains; is that fair? 1 2. MR. BADALA: Objection to form. 3 I think so, sure. Α. And you can't tell me any of the 4 Ο. 5 names of those people, right? 6 Α. Thankfully not, not. 7 What about doctors who engaged in 0. illegal conduct; are they intermediaries in the 8 chain? 9 10 MR. BADALA: Objection to form. 11 The illegal conduct, as I just want Α. 12 to be clear, is the pill mill type doctor? 13 Ο. Yes. 14 Yes. I'd say they're part of the 15 intermediary, too. 16 What about healthcare policies that 17 encouraged doctors to write prescriptions for 18 opioids as opposed to other therapies? 19 MR. BADALA: Objection to form. 20 They could contribute in some way as Α. 21 well. 2.2 Ο. Could a lack of focus or funding or attention by governments also contribute? 23 24 Α. I'd have to say in a theoretical 25 sense, it's certainly possible.

- Q. Now let's get back to number 9. It says, The factors that you, as an expert {sic}, believe affected prescribing practices, right?

  Do you see that, prescribing practices for prescription opioids in your community rather than the conduct of the Defendant. Do you see that?
  - A. Yes, I do.

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- Q. I take it you would not tell me that, in response to number 9, the drug cartels would be one that you would list, would you?
  - A. No.
- Q. So let's focus on number 9. What are the factors in response to number 9?

  MR. BADALA: Objection to form.

  Asked and answered.
- A. The factors that affected prescribing practices were, in the early part of the crisis, the advertisements that were indicating that the opioid pain relievers were either not addictive or had tremendously low addiction potential with very little evidence. The influence of regulatory policies with lobbying efforts that were, again, referable back to Defendants.

- Q. Doctor, I'm sorry to interrupt you, and I apologize, but it says other than the conduct of the Defendants. Do you see that?
  - A. I do, you know, but --
  - Q. So is there --

MR. BADALA: Hold on. Let him

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MR. CHEFFO: Well, I didn't ask a question yet.

MR. BADALA: He was still talking before moving on to the next one.

- O. Go ahead.
- A. Thanks. I'm sorry if I'm not clear, but it's the county's position that ultimately all of the things that affect those prescribing factors are referable back to the Defendants.
- Q. And if that's the case, Doctor, all you have to tell me, then, is just I have none, right. I don't need the whole long answer. I want to just make sure, before I move to the next topic, are there any -- let's make sure we're clear on this. Are there any factors that the county, as a non-expert, believe affected prescribing practices for prescription opioids in Cuyahoga County other than the conduct of any

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Page 60 of the Defendants? 1 2. MR. BADALA: Objection to form. Asked and answered. 3 I guess it's hard because what I am 4 5 saying to you, and I hope I'm clear, and I'm sorry if I'm not, it is the county's position 6 7 that everything is referable back to the Defendants, but there are chains, there's 8 9 degrees of separation. But I would say, in 10 answer to your question, if you need a one-word 11 answer, the county says no, there are no other 12 folks who are ultimately responsible other than 13 the Defendants. And I'm not trying to limit you to a 14 15 one-word answer, but are there any factors --16 this is different. Are there any factors 17 relatable to that affected prescribing practices other than the conduct of Defendants? 18 19 MR. BADALA: Objection to form. 20 Asked and answered. 21 Α. No. And do you know if the county 2.2 23 employed an economist to analyze the motivating 24 factors for illicit drug markets? Are you aware of any work that was done in that regard? 2.5

Page 61 1 MR. BADALA: Objection to form. 2 Also, I instruct you not to answer if you 3 learned this through counsel in any way. I'm not sure I understand the 4 Α. 5 question, actually. MR. BADALA: Also, outside the 6 7 scope. Do you know when the first year the 8 0. 9 Mexican drug cartel sent product into this 10 county? 11 I don't think the county would know Α. 12 that. 13 0. You don't know, though? 14 I don't know and I don't think the 15 county would. I don't think that's really 16 something we would be able to know given the 17 illegal and surreptitious nature of that kind of distribution. 18 19 So before we leave 9, there is no --20 there are no factors that you can testify to 21 today, right? In fact, the county believes that 22 there are no other factors? MR. BADALA: Objection. Asked and 23 24 answered. 25 Ultimately, the county's position is Α.

Page 62 that the factors are all referable back to the 1 Defendants. 3 That may be the county's position, Ο. but I want you to read 9 and tell me if there 4 5 are no other factors, because it doesn't say ultimately. It says, "Other than the conduct of 6 7 any Defendant." MR. BADALA: Objection. Asked and 8 9 answered. 10 Α. I don't know how else to answer 11 The county would say there were 12 intermediate steps, but ultimately the conduct 13 of the Defendants is responsible for the 14 prescribing practices. 15 Okay. Is the county's testimony and 16 position that all prescriptions of opioids for 17 chronic pain in Cuyahoga were written in 18 reliance on misrepresentations and omissions and 19 wrongdoing of Defendants? 20 MR. BADALA: Objection to form. 21 Which topic are we looking at? 2.2 MR. CHEFFO: It's a general question first. 23 24 MR. BADALA: Outside the scope. 2.5 The county doesn't have an opinion Α.

Page 63 1 on the medical appropriateness of prescriptions 2. written for opioid pain relievers in association with all chronic pain patients. 3 4 MR. CHEFFO: I'm sorry. Can you 5 read that back to me, please? (Record read.) 6 7 Does it have a position on the Ο. appropriateness of opioid therapy in connection 8 9 with any chronic pain patients? MR. BADALA: Objection to form. 10 1 1 Outside the scope. 12 The county doesn't have an opinion 13 on appropriateness of therapy. That's, I think, 14 referred to experts. 15 So the county has not taken a 16 position, as you know it, as to whether any 17 prescription for any chronic pain patient is 18 appropriate or not? 19 MR. BADALA: Objection to form. 20 Outside the scope. 21 As I understood your question, 22 you're asking about all prescriptions, which I think the question would not offer an opinion. 23 24 The overprescribing in the setting of chronic pain is certainly a factor the county recognizes 25

Page 64 as a potential -- or not a potential; as a 1 2. source of the opioid epidemic. 3 But with respect to taking a Ο. position on all chronic therapies -- I'm sorry. 4 5 Strike that. In connection with taking a position 6 7 about all prescriptions for opioid medicines for chronic therapies, the county is not taking a 8 9 position on that? 10 MR. BADALA: Objection to form. 11 No, it is not. Α. 12 Let us -- you did some work in Ο. 13 connection with certain interrogatory responses 14 in connection with preparing for today, did you 15 not? 16 No, not that I'm aware of. I mean Α. 17 18 Did you look at any charts --Q. 19 The data was certainly available to Α. 20 everybody, but --21 Did you look at any charts or 22 printouts of prescription drug data? I mean, I've reviewed the Ohio 23 Α. 24 Automated RX Recovery System in my capacity as 25 the medical examiner in association with the

fatalities that were passing through our office.

That wasn't in preparation for today

specifically.

- Q. Well, the interrogatory responses to interrogatory 6, 7 and 10, did you look at those?
- A. No. They weren't on my scope of -- or 6 was, I guess. 7 and 10 --
- Q. They're encompassed within the Special Master's order, but tell us what you did for 6.
- A. The county collected claims data from third parties, such as Medical Mutual of Ohio, which was the healthcare carrier for the county; Bureau of Workers' Compensation, which is the state workman's compensation board; and CVS, which oversees -- CVS Pharmacy, which oversees our prescription planning for the county, and turned that data over to its attorneys, and the attorneys then worked with experts to respond to the interrogatories. So we furnished the claims data to attorneys, and then it was reviewed with experts to respond to the interrogatories. I was not among the experts who were consulted on that.

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Page 66 1 And did you see a spreadsheet that 2. was produced that had 500 prescriptions on it? 3 I'm aware that there were 500 -- I thought it was 500 patients who were identified 4 5 who met the criteria that I mentioned previously. Beyond that, that's as much as I'm 6 7 familiar with that. 8 9 (Thereupon, Gilson Deposition 10 Exhibit 2, Plaintiff's The County of 1 1 Cuyahoga, Ohio and State of Ohio Ex 12 Rel, Prosecuting Attorney of 13 Cuyahoga County, Michael C. 14 O'Malley's Amended Responses to the Manufacturer Defendants' and 15 16 National Retail Pharmacy Defendants' 17 First Set of Interrogatories, with 18 Attached Spreadsheets, was marked 19 for purposes of identification.) 20 21 Okay. What was the criteria --22 let's be more specific. We've marked this as 2. This is Exhibit 2. 23 2.4 MR. BADALA: Mark, we're on topic 6 but interrogatory 6? I'm just trying to keep 2.5

Page 67 track. 1 2. MR. CHEFFO: No. It is a little 3 confusing. 4 MS. ROITMAN: So we're going to be 5 on topic 4, 5 and 6. MR. BADALA: Just so it's clear. 6 7 Okay. Are you prepared to talk about 8 0. 9 topics 4, 5 and 6, Doctor? 10 Just to generally state the county's Α. position, yes. 11 12 What did you do to prepare yourself Ο. 13 for topics 4, 5 and 6? 14 I discussed them with counsel and 15 they responded to the interrogatories, which I 16 didn't do much preparation beyond the turning --17 the county turning over data to our attorneys 18 and then that being reviewed with experts to 19 respond to the interrogatories. 20 I'm talking about your preparation, Ο. 21 so one of the things you did was you met with 22 your lawyers, right? 23 Α. Yes. 24 Did you meet with anybody else in 25 connection with those topics?

Page 68 No, I did not. 1 Α. 2. Ο. Did you review any documents? 3 No, I did not. Α. And how much time did you spend 4 Ο. 5 meeting with your lawyers in connection with those topics? 6 7 Α. Oh. Well, we met over a couple of days, and, I mean, topics were coming and going. 8 9 Our total meeting time I would say is probably 10 about 10 to 12 hours. Some portion of that. I 1 1 couldn't be more specific. We did not spend a lot of time on these, as the responses to 12 13 interrogatories were generated in consultation 14 with the experts. So this was going to just 15 have a reply that they were furnished and that 16 that was the county's response, what was in the 17 interrogatories. 18 I'm sorry. Is it your testimony you don't have much to add other than what's in the 19 20 interrogatories? 21 MR. BADALA: Objection to form. 2.2 Α. That's correct. 23 Okay. Well, let's -- let's ask you 0. to take a look at what we've marked as 24 2.5 Exhibit -- it's Exhibit 2.

Page 69 MR. GALLUCCI: Which one is 2? 1 2. MR. CHEFFO: It's the whole thing. 3 Have you seen that before, Doctor? 0. I have not seen this document 4 Α. 5 before, no. At least I'm not --6 So with respect to any of the names 7 or prescriptions in these charts, do you have any information about the criteria that was used 8 9 in responding to interrogatory 6? 10 The claims were identified for 11 opioids that were not for cancer patients, were 12 high dose, that is 120 medical morphine 13 equivalents or higher, which are far more 14 dangerous, and for patients with diagnosed 15 substance use disorder. 16 Is that for the interrogatory 6 17 response or is that for more than that, or do 18 you know? 19 It was -- I think the criteria were Α. 20 spelled out in interrogatory -- or in topic 21 number 4, but as it related back to number 4, 2.2 it's the reply for number 6. 23 So those three criteria, not for 0. cancer patients, above 20 milligrams --24 2.5 120. Α.

Page 70 120. Excuse me. Thank you for 1 Ο. 2. that. 3 Morphine medical equivalents. Α. So we'll just call it MME. 4 Q. 5 Α. MME, yes. And then there is also a requirement 6 0. 7 on the criteria that they are -- had been diagnosed with an opioid abuse disorder? 8 9 Α. Diagnosed substance use disorder, 10 yes. 11 Substance use disorder. Ο. 12 I think in some places that will 1.3 also be spelled out as substance abuse disorder. The nomenclature is kind of in flux I think in 14 15 trying to avoid the stigmatization of addicts. 16 Do you know who created those Ο. 17 criteria? 18 Α. I do not. 19 So is it -- are there any other Ο. 20 criteria that were used? 21 That's the extent of my knowledge as 2.2 to the county of the criteria that were used to identify the claims. 23 24 Do you know if anyone at the county Ο. 2.5 set those criteria?

Page 71 1 MR. BADALA: Objection to form. 2. Outside the scope. 3 That, I do not know. Α. And do you know what -- what 4 Ο. 5 information or databases were queried in order to generate the 500 list? 6 7 These criteria and then third-party claims data was collected from Medical Mutual of 8 9 Ohio, Workman's Compensation and CVS, as they 10 had their relationship to the county. Beyond 1 1 that, I do not know what other entities were 12 queried for claims data. 13 0. Who actually did the work of 14 querying it? Was it the county or was it 15 somebody else? 16 MR. BADALA: Objection to form. 17 Outside the scope. 18 I believe the county collected the Α. 19 claims data, but the analysis beyond that, to 20 respond to the interrogatories, was with 21 attorneys with experts. 2.2 Ο. Okay. And I think you told us you never saw Exhibit 2 before, right? 23 24 MR. BADALA: Objection to form. 25 Mischaracterizes testimony.

Page 72 Did you see Exhibit 2 before? 1 Ο. 2 Α. I don't remember seeing this, no, I 3 myself. I mean, the county, I can't necessarily say that they did not see it. Myself, I did not 4 5 see it. 6 Okay. In the response to 7 interrogatory 6, the county identified Exhibit Do you see this big document here? 8 Α. This one (indicating)? 9 Α. 10 Ο. Yes. 11 Α. Yes. 12 Have you seen that exhibit before? Q. MR. BADALA: Objection to form. 13 14 Can you give me a second to not give Α. 15 a quick off-the-cuff answer? 16 No, I have not seen that before. 17 And is it your understanding that in Q. order -- so let me strike that. 18 19 You just identified for us three 20 criteria, right, the one -- over 120 MME, substance disorder, and not for cancer, right? 21 2.2 Α. And a diagnosed substance use/abuse disorder, yes. 23 24 0. That was one of the three, right? It was diagnosed --25

Page 73 Oh, I'm sorry. You said that first 1 Α. 2. 3 I may have said it backwards, but it Q. was not for a cancer patient, above 120 MME --4 5 Which would be considered dangerous, and then identified substance abuse disorder. 6 7 Okay. And what -- what were those Ο. criteria used for? 8 9 MR. BADALA: Objection to form. 10 Outside the scope. I think identification of claims 11 12 data, as I understand it. 13 0. Identification of certain claims. 14 Did you understand it that those were the 15 criteria that were used to generate Exhibit A? 16 You know, I don't know Exhibit A, so 17 I'm reluctant to give an answer on that. These were the criteria that were identified to 18 19 identify the claims -- they were spelled out to 20 identify the claims. Being unfamiliar with this 21 document, if these are the claims that were 22 passed by the county, then these were the criteria that were used for that. Not knowing 23 24 the document, I'm reluctant to go further than 25 that.

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- Q. What I'm just trying to understand, you gave us those three criteria. What did you understand those criteria were going to be used for?
- A. As I understood it, there was a population of 500 patients who were identified to be a representative of harms that the county had claimed, and then the claims data for those individuals were identified using those three criteria.
- Q. So you thought that there were an effort to identify 500 individuals and there were these criteria and those criteria generated the 500 individuals?
- A. That's my understanding of that, yes.
  - Q. Were you aware of any prescriptions that were also identified?
- MR. BADALA: Objection to form.

  Outside the scope.
  - A. My understanding of this topic is that the 500 number identified patients, not prescriptions. I mean, prescriptions obviously were attached to the patients, but they were patients who were identified, not specific

Page 75 1 prescriptions. 2. Q. And you've never seen any information or list of the actual 500 patients 3 or prescriptions, have you? 4 5 No, I have not. Do you understand that a list was 6 0. 7 prepared? Yes, I do understand that. 8 9 And is it your understanding that 0. 10 every one of the patients or prescriptions on 11 the list meets these three criteria? 12 MR. BADALA: Objection to form. 13 Outside the scope. 14 I mean, that's my understanding of 15 the criteria that were agreed to to select the 16 patients who were the 500 patients. 17 So in order to identify the patients 18 or prescriptions, they had to meet all of these three criteria; is that right? 19 20 That's my understanding, yes. Α. 21 Did they have to meet any other 2.2 criteria? 23 MR. BADALA: Objection to form. 24 Asked and answered. Not that I'm aware of, no. 2.5 Α.

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information on that.

Page 76 And how was it determined that the patient received opioid therapy for non-cancer use? MR. BADALA: Objection to form. Outside the scope. As I say, I can't give you personal knowledge on that. I would think from a review of medical records. Q. Do you know? MR. BADALA: Same objection. I don't know for certain. Α. Do you know at all? Q. MR. BADALA: Same objections. They were identified as not Α. No. being cancer patients. The criteria, how that was arrived at, I do not know. Not how it was arrived at, but how it was determined. Do you know how they determined whether -- if a person or prescription was on the list, how it was for a non-cancer patient or diagnosis? Do you have any information at all?

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No, I do not have separate

MR. BADALA: Objection to form.

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Page 77 Did you talk to anybody about that? 1 Ο. Α. No, I did not. 3 Did you -- do you have any Ο. information how it was determined that a 4 5 prescription was above 120 MME? MR. BADALA: Objection to form. 6 7 Outside the scope. Other than a review of pharmacy or 8 Α. 9 medical record data, I'm giving you my best 10 opinion as an individual, but how the county 11 came to that, I do not have specific information 12 for it. 13 0. And I appreciate that. I don't want 14 you to guess or speculate. I think your lawyers 15 would agree with me. Do you have any personal 16 knowledge, through either your own knowledge or 17 from any work that you've done to prepare for the deposition, as to how it was determined that 18 19 a prescription or patient received above 120 20 MME? 21 MR. BADALA: Objection to form. 22 Outside the scope. 23 Other than what I've said, you know, Α. 24 a review of medical records would seem to

furnish that. I don't know.

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Page 78 Did you talk to anyone who reviewed 1 medical records? 2. No, I did not. 3 Α. Do you know that they reviewed 4 5 medical records? 6 MR. BADALA: Objection to form. 7 No. I was just giving you my Α. best --8 9 0. Guess? 10 I think informed guess. There's 11 only so many ways you can get this kind of 12 information, so --13 0. But you don't know how they did it? 14 Α. But I do not know the methodology 15 exactly. 16 And you don't know what the QC 17 process was, if any, do you? 18 MR. BADALA: Objection to form. 19 Outside the scope. 20 No, I do not. Α. 21 And did -- was there -- and the 22 third criteria that you said was the substance abuse disorder? 23 24 A. Yes. 25 Do you know how they determined if Q.

Page 79 somebody had a substance abuse disorder? 1 MR. BADALA: Objection to form. 2. 3 Outside the scope. A. I'm aware that criteria are spelled 4 5 out for that diagnosis. How they came to that -- any application of this criteria, I do 6 7 not know. Q. Do you know what criteria they used? 8 9 Was it the DSM-5 criteria? 10 MR. BADALA: Objection to form. 1 1 Outside the scope. 12 A. You're grazing into a lot of 13 medicine I don't remember, but I don't know what 14 criteria were used. Q. I thought you told me that you did 15 16 know what the criteria for substance abuse 17 disorder was. I don't believe I said that. I said 18 there are criteria. I'm aware of the diagnosis, 19 20 but I don't know them personally. 21 There's a diagnosis of substance 2.2 abuse disorder? 23 A. I believe so, yeah. 24 And are you familiar what those 0. 25 criteria are?

Page 80 1 MR. BADALA: Objection to form. 2 Outside the scope. 3 No, I'm not. Α. And are you aware of any criteria 4 Ο. 5 that was used to identify over 120 MME? 6 MR. BADALA: Objection to form. 7 Outside the scope. I didn't understand your question. 8 Α. 9 0. You told us one of the criteria was 10 over 120 MME, I take it, per daily use; is that 1 1 right? 12 Medical morphine equivalents for 13 daily use. 14 0. For daily use. 15 Can you be more specific about how 16 that was defined and how it was identified? 17 MR. BADALA: Objection to form. 18 Outside the scope. 19 I'm aware of standard definitions 20 for -- that they exist for medical morphine 21 equivalents. What was used here, I cannot 22 honestly say I know for certain. 23 In fact, you don't know at all, do 0. 24 you --25 MR. BADALA: Objection to form.

Page 81 1 Don't know at all. Α. 2. 0. -- how any of these criteria were 3 used or developed or applied, because you didn't ask anybody, did you? 4 5 MR. BADALA: Objection to form. 6 Outside the scope. 7 No. I was told these had been answered in interrogatories. 8 9 0. Did you understand that one of the 10 topics you were going to be -- or several of the 11 topics was the criteria that were going to be 12 used, that were used, in connection with 13 responding to the interrogatories? 14 I was aware of the topics and these 15 are the answers that I have to give on behalf of 16 the county. 17 MR. BADALA: So we're going over 18 about an hour now. Is it a good time to take a 19 break? 20 MR. CHEFFO: Yes. Sure. 21 THE VIDEOGRAPHER: Off the record at 2.2 10:16 a.m. 23 (Recess had.) 24 THE VIDEOGRAPHER: Back on the 25 record at 10:38 a.m.

Page 82 May I make a correction on the 1 2. record before we start? 3 I said I had destroyed notes of conversations with three individuals. I was 4 5 able to locate notes that I did keep and I'll provide them to counsel. 6 7 MR. BADALA: We'll review them and make sure that they don't have any 8 9 communications. 10 Where are they? 0. 11 They were in a case file I have on Α. 12 this. 13 0. In your office? 14 I brought them here with me today. Α. 15 Q. So they're not in the landfill? 16 Pardon me? Α. 17 They're not in the landfill? Q. 18 One might be. I can say that they Α. mentioned the three individuals, Dr. Papp and 19 20 Vince Caraffi. I found those notes. The other 21 one, with Tamara Chapman from DCFS, I had on a 22 phone -- list of phone numbers, was just taking 23 messages, and I'm quite certain I threw that one 24 away. So that might be in the landfill. 2.5 I can tell you the points on that

Page 83 were that, when I spoke with her, the number of 1 2. custody cases that DCFS had seen had risen over the time of the opiate crisis, the number of 3 toxicology positive infants had risen over the 4 5 time of the opioid crisis, and that it was her impression that that was related to the opioid 6 7 crisis. MR. CHEFFO: I'm going to move to 8 9 strike that. 10 MR. BADALA: We'd object to that 11 motion to strike. 12 MR. CHEFFO: And at the break I 13 would call for those notes, since you have them 14 here, produced to us, because otherwise, we're 15 going to reserve our rights to continue this 16 30(b)(6) when I get the notes. So you can take 17 it under advisement. I don't want to quibble with you, but I think that would be the most 18 19 efficient way to deal with it. 20 So, Doctor, any other clarifications Q. 21 before we start? 22 Α. No. That's the only one. Sorry about that. 23 24 2.5 (Thereupon, Gilson Deposition

Page 84 Exhibit 3, Plaintiffs The City of 1 Cleveland, County of Cuyahoga, 3 County of Summit and City of Akron's Supplemental Amended Responses and 4 5 Objections to the Manufacturer Defendants' First Set of 6 7 Interrogatories, Submitted Pursuant to Discovery Ruling No. 13, was 8 9 marked for purposes of 10 identification.) 1 1 12 0. Let me show you Exhibit 3. Have you 13 seen this document before, Doctor? 14 No, I have not. Α. 15 0. Would you look at page 5, please? 16 asked you a question earlier, and this may look 17 or sound familiar to you, Doctor, but let me 18 kind of ask you the question. The second full 19 paragraph, do you see where it says, "Subject to 20 and without waiving"? 21 Oh, I'm sorry. I'm on 6. Α. 2.2 Ο. I'm on 5.23 Α. Yes. 24 "Subject to and without waiving the 0. foregoing objections and limitations, Bellwether 2.5

Page 85 Plaintiffs contend that all prescriptions of 1 2. opioids for chronic pain in the Bellwether jurisdictions were in reliance on the 3 misrepresentation, omissions, and wrongdoing 4 5 alleged in their complaints." Do you see that? 6 7 Α. Yes, I do. And you testified earlier that 8 Ο. 9 that's not the county's position; is that right? 10 MR. BADALA: Objection to form. 11 I think the prescriptions for Α. 12 chronic pain were based on misrepresentations, 13 but whether they actually were written for 14 people with legitimate chronic pain is a 15 separate issue, and whether they were 16 efficacious short term for that is a separate 17 issue. 18 0. Is this right or wrong? 19 Α. I would say it's right. 20 So it is Cuyahoga County's position Q. 21 that all prescriptions of opioids for chronic 2.2 pain in Cuyahoga were written in reliance on the 23 misrepresentations, omissions, and wrongdoing 24 alleged in the complaint? 2.5 MR. BADALA: Objection to form.

Page 86 Α. 1 Yes. 2. Ο. Every single one? 3 MR. BADALA: Objection to form. Asked and answered. 4 5 Α. Yes. Going back to when? 6 Q. 7 MR. BADALA: Objection to form. Outside the scope. 8 9 I was told the -- for any time frame 10 that we were going back to was 1995 for the 11 litigation. 12 How was chronic pain defined? Q. 13 MR. BADALA: Objection to form. 14 Outside the scope. 15 A. I think in the usual way. I don't 16 know that I have a specific definition for it on 17 behalf of the county. How was it defined here in the 18 Q. 19 responses? 20 MR. BADALA: Objection to form. 21 I don't have a specific answer on 22 behalf of the county of the definition of that. 23 Well, you've told me the statement Ο. 24 was true, so how do you know if it's true or not 25 if you can't define chronic pain?

Page 87 1 MR. BADALA: Objection to form. 2. Outside the scope. The opioids were prescribed for 3 chronic pain. That's the way I read that as a 4 5 whole block there. And do you know what definition --6 7 what's your definition for chronic pain? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 I don't believe the county has a 11 specific definition for chronic pain. It would 12 have been referred to experts. 13 0. Do you have one? 14 MR. BADALA: Objection to form. 15 Outside the scope. 16 Me personally? Nothing more than I 17 would say my layman's definition. I don't have a specific medical definition of chronic pain. 18 19 What steps were taken to verify that 0. 20 every single prescription written in Cuyahoga 21 for chronic pain for opioids since 1995 was done 2.2 so in reliance on misrepresentations, omissions and wrongdoing by the Defendants? 23 24 MR. BADALA: Objection to form. 2.5 Outside the scope.

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- A. I'm sorry. Your question again?
- Q. What steps were taken to verify that every prescription written since 1995 for an opioid medicine for chronic pain was done so in reliance on misrepresentations, omissions, and wrongdoing by the Defendants?

MR. BADALA: Objection to form. Outside the scope.

- A. The county collected the claims data from the third parties and then it was turned over to attorneys and experts for review.
- Q. Was one of the criteria whether a doctor was visited by a sales rep?

MR. BADALA: Objection to form. Asked and answered.

A. The criteria that were applied to identify the claims were that they were not for cancer patients, were high dose, higher than 120 medical morphine equivalents, or for patients diagnosed with substance abuse -- and for patients diagnosed with substance abuse disorder. I don't see any reference in the criteria specifically to visits from pharmaceutical representatives.

Q. Are there any criteria related to

Page 89 any conduct on behalf of any of the Defendants? 1 MR. BADALA: Objection to form. 2. 3 Outside the scope. The criteria that I enumerated here 4 5 are the ones that were used to identify the 6 claims. 7 O. Do any of them relate to any conduct by any Defendant? 8 9 MR. BADALA: Objection to form. 10 Outside the scope. Do the claims have? 1 1 Α. 12 Do the criteria? Q. 13 MR. BADALA: Objection to form. 14 Α. I'm not understanding your question. 15 I'm sorry. 16 Q. Do these relate to any criteria --17 do any of the criteria relate to any conduct or acts or omissions of any of the Defendants? 18 19 MR. BADALA: Objection to form. 20 Outside the scope. 21 I think the criteria are clear 22 enough, and then -- I'm sorry. Your question is 23 just confusing me. 24 O. So one of the criteria is not for 25 cancer pain, right?

Page 90 1 Α. Yes. 2 Ο. But you've just told me that if 3 there was an opioid prescription for chronic pain for cancer patients, that was in reliance 4 5 on misrepresentations, omissions and wrongdoing of Defendants, right? 6 7 Α. Yes. So which criteria applies? Does 8 0. 9 it --10 Cancer pain is viewed separately Α. from chronic pain. That's terminal care, 11 12 hospice care type of pain. 13 Q. I'm talking about the statement on paragraph 5, page 5, paragraph 2, that you just 14 15 told me was accurate. It doesn't carve out 16 cancer pain, does it? 17 No. It says, "chronic pain." Α. 18 So is it accurate not carving out Ο. 19 cancer pain? 20 MR. BADALA: Objection to form. 21 Cancer pain is considered different 22 than chronic pain. 23 It's your testimony that you can't Ο. have -- a cancer patient can't have chronic 24 25 pain?

Page 91 1 MR. BADALA: Objection to form. 2 Outside the scope. No. I think that, you know, they're 3 Α. as eligible for chronic pain as anyone else, but 4 5 the cancer pain that they would receive opioid pain relievers for was terminal pain and not 6 7 chronic in the conventional sense of the understanding of that word. 8 9 So you don't think pain for cancer 10 patients is included in the statement on page 5? 11 MR. BADALA: Objection to form. 12 Outside the scope. 13 Α. That's my understanding, yes. So let's see if we can make sure 14 15 that we're on the same page. So with respect to 16 Exhibit 2, that was in response to 17 interrogatories 7 and 10; is that your understanding? 18 19 This exhibit (indicating)? Α. 20 Q. Yes. 21 I thought was in response to 22 interrogatories -- or, I'm sorry. Maybe I'm 23 confusing topics with interrogatories. I 24 thought these were generated in response to topics 4, 5, 6 and 19. 25

Page 92 1 So that response to 4, 5 and 6 and 2 19, Exhibit 2, right? Topics 4, 5, 6 and 19. That's my 3 Α. understanding, yes. 4 5 The interrogatory 6 asks Plaintiffs to, among other things, identify and describe 6 7 500 prescriptions of opioids that were written in Plaintiff's jurisdiction, here Cuyahoga, in 8 9 reliance on any alleged misrepresentations, 10 omission or other wrongdoing; is that right? 11 MR. BADALA: Objection to form. 12 Outside the scope. I'm sorry. I don't know where 13 Α. 14 you're at. 15 It's in Exhibit 3 on page 1. Do you Ο. 16 see on page 1, Identify and describe 500 17 prescriptions of opioids that were written in 18 reliance on any alleged misrepresentations or 19 other wrongdoing by any Defendant? Do you see 20 that? 21 Yes, I do. Α. 2.2 MR. BADALA: Just for the record, 23 there's more beyond that in the interrogatory. 24 MR. CHEFFO: Right, and there is. 25 And it also basically -- in addition Q.

Page 93 to other things, Plaintiffs were asked to 1 2. provide various details, including the physician who wrote the prescription, the specific 3 misrepresentation, the specific person 4 5 associated with Defendants who made the alleged 6 misrepresentation. Do you see that? Yes, I do. That's further down on 7 Α. 8 the page. 9 And in order to respond, the 10 Plaintiffs referred back and the county referred 11 back to Exhibit A, which is that large printout 12 that I just showed you. 13 Α. This one here (indicating). 14 0. Right. 15 Α. Okay. 16 And you've never seen that before 0. 17 today? 18 MR. BADALA: Objection to form. 19 No, I have not. Α. 20 And if you look at page 14 of Q. 21 Exhibit 3 -- if you look at the last paragraph 2.2 on page 14 of Exhibit 3, in the first sentence, kind of midway through, it says, "Bellwether 23 24 Plaintiffs contend that each prescription in the previously-provided Exhibit A was the result of 25

Page 94 Manufacturer Defendants' deceptive marketing." 1 2. Α. I'm sorry. 3 It's right down here, Doctor (indicating). 4 5 Okay, right down at the bottom. Α. 6 Okay. 7 You've told us about three criteria? 0. 8 Α. Yes. 9 Are those the only three criteria 10 that you're aware of for topics 4, 5, 7 and 19 11 or for topics -- interrogatories 6, 7 and 10? 12 MR. BADALA: I think you have them 13 mixed up again, Mark. 14 Well, irrespective of the topics or 15 the interrogatories. 16 4, 5, 6, 19, my understanding is 17 that the county collected the claims data based on these criteria, turned them over to our 18 19 attorneys, and they were consulted with experts 20 and those were used to answer the interrogatories. The county didn't have any 21 22 further involvement with the interpretation of 23 that. 24 0. And with respect to any of the topics that are the subject of Exhibit A, are 25

Page 95 those the only three criteria, is just what I'm 1 2. trying to find out, or were there other criteria? 3 MR. BADALA: Objection to form. 4 5 Asked and answered. That's my understanding, is those 6 7 are the three criteria. I am not aware of any others that were used. 8 9 Q. Was a requirement that a 10 prescription be written by a doctor who engaged 11 in unlawful conduct or was prosecuted -- was 12 that one of the criteria that you were aware of? 13 MR. BADALA: Objection to form. 14 Asked and answered. 15 Α. That criteria is not spelled out in 16 what I have. 17 Q. And it was not a criteria that a 18 prescription be written for something other than chronic pain, correct? 19 20 MR. BADALA: Objection to form. 21 It was a criteria that they were not Α. 22 cancer patients. 23 Q. So the answer to my question is yes, 24 the criteria was not to find prescriptions that were not written for chronic pain? 25

Page 96 Double negatives. 1 Α. 2. MR. BADALA: Objection to form. 3 Chronic pain was not a criteria, was Q. it? 4 5 Α. For selection, no. In connection with identifying any 6 0. 7 of the individuals or prescriptions on Exhibit A, did Cuyahoga County or anyone at its behest 8 9 talk to any doctors? 10 MR. BADALA: Objection to form. 11 Outside the scope. 12 The county submitted the claims data 13 to our attorneys and they consulted with 14 experts. I don't know the specific experts. And that was the basis of the answers to the 15 16 interrogatories. 17 Q. Do you know if anyone spoke to individual doctors or patients on Exhibit A? 18 19 MR. BADALA: Objection to form. 20 Outside the scope. Asked and answered. 21 The only expert I was aware of was 2.2 Rawlings, but other than that, I don't know what 23 experts were consulted. 24 Ο. Doctor, my question is not that. I 2.5 didn't ask that question. I asked you if you're

Page 97 aware of whether anyone, including experts or 1 2 others, spoke with any of the doctors or patients on Exhibit A. 3 Oh, I'm sorry. Now I understand. 4 Α. 5 MR. BADALA: Same objection. Objection to form. Outside the scope. Asked 6 7 and answered. Once we turned the data over, I'm 8 Α. 9 not aware of what the experts did beyond that to 10 form the answers to the interrogatories. 11 Are you aware of any -- if anyone, 12 experts or others, spoke to any doctors or 13 patients listed on Exhibit A? 14 MR. BADALA: Objection to form. 15 Outside the scope. 16 I am not aware of that. 17 Are you aware of whether anyone 18 reviewed, as part of the criteria, any call 19 notes for sales reps in connection with the 20 individuals or prescriptions on Exhibit A? 21 MR. BADALA: Objection to form. 22 Outside the scope. 23 The county wouldn't be aware of 24 that. After things were turned over to the

attorneys, they consulted with experts, and that

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Page 98 wasn't part of the county's process anymore. 1 2. 0. So is the answer no? 3 MR. BADALA: Objection to form. I'm not aware. 4 Α. 5 Did you ask anyone that question? Ο. 6 MR. BADALA: Objection to form. 7 Outside the scope. I don't know. 8 Α. 9 0. You don't know if you asked? 10 Me personally or the county? Α. 11 I'm asking you, you the county, you 0. 12 as the representative. In connection with your 1.3 work and your preparation, did you ask anyone if 14 anyone had spoken to a doctor or a patient in 15 connection with the preparation of Exhibit A? 16 MR. BADALA: Objection to form. Outside the scope. Asked and answered. 17 18 Again, when we finished collecting Α. claims data, it was referred over to attorneys, 19 20 who consulted with experts to formulate responses. The process that was involved to 21 22 generate those responses the county does not 23 know. 24 So in terms of the three criteria Ο. that you talked about, do you know who came up 2.5

Page 99 with those criteria? Was it the county or 1 2. somebody else? 3 MR. BADALA: Objection to form. 4 Outside the scope. 5 I do not know. 6 0. Do you know how any of those 7 criteria were applied in practice? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 Α. In the selection of claims? 11 Ο. Yes. 12 They were the basis for identifying 1.3 the claims for opiates that would be referred to 14 our attorneys. 15 Q. But do you know how they were 16 actually applied? I think we talked about this 17 a little bit earlier. 18 MR. BADALA: Objection to form. 19 Outside the scope. 20 They were applied -- I'm sorry. Α. 21 Let's do it again, Doctor. 0. 2.2 You don't know how any claims information was determined whether it was for a 23 24 non-cancer patient or not, do you? 2.5 MR. BADALA: Objection to form.

Page 100 1 Outside the scope. How they identified that this was 2. Α. 3 not a cancer patient? 4 0. Yes. 5 That, I do not know the criteria that they used. 6 7 Q. And you don't know how they applied the criteria of above 120 MME, do you? 8 9 MR. BADALA: Objection to form. 10 Outside the scope. 11 MR. CHEFFO: I'm not going to argue 12 with you. How could that possibly be outside 13 the scope? You can say it every single time. It doesn't make it true. 14 15 MR. BADALA: Are you asking for my 16 view or --17 MR. CHEFFO: No. I'm just saying I 18 think it's becoming abusive. This is specific within it. You can do it, but we'll take it up 19 20 with the Special Master. 21 MR. BADALA: It's just that he 22 rewrote it that it's what's the criteria, not 23 how it was applied but what is the criteria. 24 That's what it says. He's giving you the 25 criteria.

Page 101 1 MR. CHEFFO: And if that's your 2 position, that that's what you think that a 3 deposition in good faith is supposed to be about, I welcome that. 4 5 MR. BADALA: That's how Special Master Cohen --6 7 MR. CHEFFO: We'll take that up with him very clearly, if you think that's what --8 9 MR. BADALA: It's Exhibit B in your 10 notice. It's right there. 11 MR. CHEFFO: That's good. I can 12 read it, too. 13 So do you know how the criteria for 14 above 120 MME was applied? 15 MR. BADALA: Objection to form. 16 Outside the scope. 17 120 MME has a specific definition. 18 I would think that was what was applied. How 19 the criteria was created I do not know other 20 than that would be a dangerous level of 21 prescription opioids on a daily basis. 2.2 0. Do doctors -- are they able to 23 prescribe in Cuyahoga County today over 120 MME? 24 MR. BADALA: Objection to form. 25 Outside the scope.

		Page 102
1	Α.	I don't honestly know the county
2	would know t	hat.
3	Q.	Do you prescribe
4	Α.	I'm not a prescriber.
5		MR. BADALA: Were you done with your
6	answer?	
7		THE WITNESS: Yeah.
8	Q.	So you're not a prescriber, are you?
9	Α.	No.
10	Q.	You said a few times it's dangerous.
11	Have you eve	r prescribed opioids?
12	Α.	Yes, I have.
13	Q.	When?
14	Α.	Back in my training as a surgical
15	resident.	
16	Q.	Was that decades ago?
17	Α.	Early 1990s.
18	Q.	Can doctors in Cuyahoga County today
19	lawfully	
20	Α.	Late 1980s. I'm sorry.
21	Q.	Can doctors lawfully prescribe
22	opioid medic	ines above 120 MME?
23		MR. BADALA: Objection to form.
24	Outside the	scope.
25	Α.	I believe the state has set out

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criteria with which I am not familiar regarding prescribing of opiates. As I understand them, as the county, those would be specifically with regard to duration, and I don't know that there was a specific MME cap placed on them. I just don't know.

- Q. Is the answer to my question yes or no? Can a doctor prescribe 120 MME or more today in Cuyahoga County lawfully?
- MR. BADALA: Objection to form.

  Outside the scope.
  - A. It's regulated by the state, so I can't tell you that I remember the criteria, so my answer, not yes or no, is I don't know.
  - Q. Well, you would assume if it was dangerous, then the county wouldn't allow it; isn't that right?
  - MR. BADALA: Objection to form.
    Outside the scope.
    - A. I think the criteria that we're placed out by the Board of Pharmacy, Board of Medicine and the governor were to caution about the use of excessive opioids. I don't think that they spelled out necessarily that it was impossible to do this. They said you could not

Page 104 prescribe -- or you needed to use the Board of 1 2. Pharmacy database beyond seven days. I don't 3 know if they put an MME on that. And then you were expected to check the Board of Pharmacy 4 5 database, the Prescription Drug Monitoring Program, every 90 days thereafter if you were 6 7 continuing to prescribe opioids. So I think they're not, as I 8 9 understand it, saying it's absolutely forbidden, 10 but it is a practice that needs to be more 1 1 closely monitored. 12 Do you hold yourself out as an 0. 13 expert in opioids? MR. BADALA: Objection to form. 14 15 Outside the scope. 16 In some aspects of it, sure. Α. 17 Which aspects? Q. 18 MR. BADALA: Objection to form. Outside the scope. 19 20 The opioid crisis. Α. 21 Are you an expert in opioid efficacy 22 in prescribing? 23 MR. BADALA: Objection to form. 24 Outside the scope. 2.5 Again, as the county, I wouldn't Α.

Page 105 answer myself an expert in that. 1 2. 0. When is the last time you read a 3 label for an opioid product? MR. BADALA: Objection to form. 4 5 Outside the scope. Me personally --6 Α. 7 Ο. Yes. -- or the county? 8 Α. 9 Q. No. You. 10 Label for an opioid product, I don't Α. 1 1 remember. 12 Was it in the last decade? Q. 13 MR. BADALA: Objection to form. 14 Outside the scope. 15 Α. I don't remember. Might have been. 16 And with respect to substance abuse Ο. 17 disorder, do you know how that criteria was 18 applied? 19 MR. BADALA: Objection to form. 20 Outside the scope. 21 No. Beyond the county submission of 2.2 the claims data, I don't know how that criteria 23 was applied. 24 O. Do you know if any determination was 25 made as to whether any of the individuals or

Page 106 prescriptions on Exhibit A received a medically 1 2. unnecessary opioid prescription? 3 Α. The county doesn't have a position on whether these were medically unnecessary. 4 5 What about medically inappropriate? Ο. MR. BADALA: Objection to form. 6 7 The county used these criteria to Α. identify the claims that were submitted and 8 9 doesn't express opinions on medically 10 inappropriate or medically -- the interpretation 1 1 of a medical opinion. 12 Can you look at Exhibit 2, please, 0. 13 Doctor, page 5? There's not page numbers on 14 this one. 15 Α. I can count them. Would this be 1 16 or is this 1 here (indicating)? 17 I don't know. It's --Q. 18 That's very helpful. Okay. Just so Α. 19 we're literally on the same page, this page 20 (indicating)? 21 Exactly. Exactly. Ο. 2.2 Α. Sure. 23 And I'm going to just direct your attention to the answer section, second sentence 24 2.5 I'll read it to save your voice, but it there.

Page 107 says, "Bellwether Plaintiffs contend that each 1 2. prescription identified in Exhibit A" -- that's that big chart in front of you -- was 3 unauthorized, medically unnecessary, ineffective 4 5 or harmful." Do you see that? 6 7 Α. Yes. And you just told us that the county 8 9 doesn't have a position on whether something is 10 medically unnecessary or unauthorized, right? 11 May have been ineffective or 12 harmful, but --13 Ο. So the county does not have a position about whether something is medically 14 15 unnecessary or unauthorized, right? 16 MR. BADALA: Objection to form. 17 I think what they say here is that Α. 18 the prescriptions identified there are 19 unauthorized, medically unnecessary, ineffective 20 or harmful. 21 So is that right or wrong? Does the county have a position or not? 22 MR. BADALA: Objection to form. 23 24 Α. The county does have this position. 2.5 Q. Didn't you say exactly the opposite

Page 108 1 30 seconds ago? 2. MR. BADALA: Objection to form. 3 Mischaracterizes the testimony. As I understood your question, you 4 Α. 5 were asking me separate parts of these, and the conjunction here is "or," which means one or all 6 7 of these. So the county doesn't necessarily have an opinion that a specific prescription was 8 medically unnecessary. It may have been 10 harmful. It may have been unauthorized. 11 But does it have a position that any 12 of them were -- let's start with unauthorized? 13 And if so, show me which ones. 14 MR. BADALA: Objection to form. 15 Outside the scope. 16 It is the position that 17 prescriptions identified in Exhibit A were unauthorized. 18 19 O. Which ones? 20 Again, the county collected the data 21 and referred it to experts for further 22 interpretation of it. What's the basis for that statement 23 Ο. that they were unauthorized? 24 2.5 MR. BADALA: Objection to form.

Page 109 1 Outside the scope. 2. That they were either, you know, prescribed to someone with a pain disorder or 3 higher. I don't know the criteria that were 4 5 applied to make that decision. That wasn't one of the criteria, 6 0. 7 right? MR. BADALA: Objection to form. 8 9 Α. Pardon me? 10 That wasn't one of the three 0. 11 criteria, right? 12 Α. What's that? 13 0. That something was unauthorized. 14 These are the criteria again Α. No. 15 for -- not for cancer patients, high dose, or 16 for patients with a diagnosis of substance use 17 disorder. Well, let's talk about each of these 18 0. 19 then, since you told me they now -- it is the 20 policy. 21 If -- what is the criteria for a 22 prescription identified as Exhibit A, unauthorized? How do we know which one is? 23 24 What's the criteria? 25 Α. I don't personally know. That was

collected data which was submitted to the attorneys based on these criteria, and the experts reviewed that for unauthorized --

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Q. Well, no. It says here that they were unauthorized. Someone had to make -- use certain criteria. That's what you're here to talk about is the criteria used in connection with these interrogatory responses, and I want to know for each one of these what the criteria is in order to determine whether something was unauthorized. Do you know?

MR. BADALA: Objection to form. Asked and answered.

- A. That's not what the county was doing. That was what was referred to the attorneys with consultation with experts.
- Q. So the answer is you don't have any idea what criteria was used to determine whether or not something was unauthorized, right?

MR. BADALA: Objection to form.

- A. That would have been a decision from the experts' review.
- Q. That's not my question, Doctor.

  As you sit here today under oath,
  testifying on behalf of the county, do you have

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any idea whatsoever what criteria was used with respect to making a determination whether a prescription was unauthorized?

MR. BADALA: Objection to form.

- A. No, I do not. The criteria that were used for the claims that were reviewed are what I've previously enumerated, but the criteria that were used by the experts, I do not have that.
- Q. Do you know this is used by the experts or this is an answer in an interrogatory that you're supposed to testify about? That's why I'm confused. You keep saying experts. What experts?
- A. We submitted claims data as the county to our attorneys and they consulted with experts to generate responses to the interrogatories. The county did not specifically generate those responses, though they signed off on them.
- Q. Okay. We'll talk about that in a few minutes, but your deposition here, one of the topics is about the criteria used for the prescriptions that are on that big chart there, right, and in the interrogatory responses it

Page 112 refers us back to those -- those prescriptions, 1 right. And I think we've covered unauthorized. 2. 3 You told me you have no idea what the criteria is for determining whether a prescription is 4 5 unauthorized or not, correct? MR. BADALA: Objection to form. 6 7 I don't know what the criteria were that were applied to the unauthorized because 8 9 that would have been the consultation with the 10 experts. 11 So the answer, again, is you don't 0. 12 know, right? 13 MR. BADALA: Objection to form. 14 The county does not know. Α. 15 Q. And you did not ask anybody, did 16 you? 17 We didn't ask anybody what? Α. 18 Did you ask anyone in your 19 preparation for your deposition today, Doctor, 20 hey, what are the criteria for determining 21 whether something is unauthorized or not? 2.2 that subject matter come up, yes or no? 23 Α. That was, again, a topic that 24 was addressed when these were referred to the attorneys in consultation with their experts. 25

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Q. And I take it if you went through any of those prescriptions in that whole list, you couldn't tell me which ones were unauthorized because you don't know what the criteria are; is that fair?

MR. BADALA: Objection to form.

- A. I could not specifically look
  through this because it wasn't my expert area to
  tell you which of these were unauthorized or
  medically unnecessary or ineffective or harmful.
  I don't know the criteria that were applied by
  the consultation -- the experts that our
  attorneys consulted with.
- Q. What criteria were used to determine whether a prescription was medically unnecessary?

MR. BADALA: Objection to form.

- Q. Do you know?
- A. Again, they were referred to the experts and that was their criteria. The county did not have a separate criteria other than their --
  - Q. Move to strike.

I'm going to ask you again, Doctor.

What criteria were used to determine whether it

Page 114 1 was something medically unnecessary? Do you 2. know or do you not know? 3 MR. BADALA: Objection to form. Again, I do not know as a 4 Α. 5 representative of the county because those were referred to counsel for consultation with 6 7 experts in that area. So you can't testify about the 8 0. 9 criteria as you sit here today, fair? MR. BADALA: Objection to form. 10 11 I cannot. Α. 12 And you didn't ask anybody about the Ο. 1.3 criteria for medically unnecessary prescriptions 14 before coming here to testify, did you? 15 Α. No, I did not. 16 And you did not ask anyone about the 0. 17 criteria for what makes a prescription that's on 18 Exhibit A ineffective or not, what the criteria are, correct? 19 20 Α. I'm sorry. I lost my page. 21 Are you with me? 0. 2.2 Α. I'm not because I was trying to go back. 23 24 It's on 5. It's with those names. Ο. 2.5 Α. My apology. I'm sorry. I just lost

Page 115 my place. 1 That's fine. 2. Ο. 3 Same questions for ineffective. I can do it again for you. 4 5 Would you, please? I'm sorry. 6 Q. Sure. 7 You did not ask anyone what the criteria was to determine whether -- criteria 8 9 were with respect to whether a prescription on 10 Exhibit A was ineffective, right? That was the referral that we 11 No. 12 made to the attorneys for the consultation with 13 an expert who could make a decision on that, but 14 the county did not specifically identify the 15 medically unnecessary or any of the other three 16 there. 17 And not only didn't identify, you 18 can't tell me what they are, can you? 19 As the county, no, I cannot tell you Α. 20 the criteria that were applied there. 21 You said they referred those to the 22 experts? 23 Α. Right. 24 So can you give me a list of all the Ο. experts you talked to to find out what those 25

Page 116 1 criteria were? 2. MR. BADALA: Objection to form. 3 I'm only aware that the county made Α. me aware that there was a Rawlings who was used. 4 5 I don't know what other experts were used and I 6 did not speak to any myself personally. I am 7 not sure about other members of the county. How much time did you spend speaking 8 0. 9 to Rawlings? 10 I didn't personally speak to 11 Rawlings. I just became aware that they were an 12 expert that was being used. 13 0. But you knew that they were one of 14 the entities that was actually making these 15 determinations, right? 16 I just learned that, yes. Α. 17 And you didn't talk to them? Q. 18 I just learned it this morning. Α. don't know that I would have talked to them, but 19 20 I certainly didn't have the opportunity to talk 21 to them in preparation for today. 2.2 0. And the same would be true for harmful. You can't tell us what criteria were 23 24 used to determine whether a prescription that's 25 listed on Exhibit A was harmful, right?

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- A. No. Again, these were things that the county turned over to its attorneys in consultation with experts who would be able to address that criteria.
- Q. Did you talk to any of the experts about what was harmful?
- A. Same answer. I mean, I'm aware only of Rawlings as an expert, but I just found out about that. I did not speak to any specific experts. I didn't know of them. And once the county made the referral in that direction, we didn't pursue that further. That was a topic for expert review.
- Q. So if I asked you to look through any of those -- any of those names or prescriptions in Exhibit A and said tell me which ones were ineffective, you couldn't do that, could you?

MR. BADALA: Objection to form. Outside the scope.

- A. No, I could not.
- Q. I couldn't do it either, could I?

  MR. BADALA: Objection to form.
- A. I would hope not. Maybe you have hidden talents I don't know about. But no, I

Page 118 1 could not. All right. The only way we would be 2. Ο. able to do that is if we actually knew what 3 criteria were applied, correct? 4 5 MR. BADALA: Objection to form. Right. The experts would have 6 Α. 7 applied their criteria. And unless we know what the criteria 8 9 is, we can't actually understand which ones are 10 ineffective, which ones are harmful, which ones 11 are medically unnecessary, right? 12 MR. BADALA: Objection to form. 13 Α. That's my understanding of that, 14 yes. 15 Q. And you don't have that information 16 for us today, do you? 17 MR. BADALA: Objection to form. Mischaracterizes testimony. 18 19 I do not have that information. Α. 20 Is it your understanding or Ο. testimony on behalf of the county that Rawlings 21 2.2 is an expert? 23 I just know of their name and that that was a group that was reviewing it. I'd 24 25 have to say that we relied on our attorneys to

Page 119 1 identify the expert in that case. Let me ask you this, Doctor: 3 me everything you know about Rawlings, what you think they are, what they do. It sounds like 4 5 you just learned about them this morning. I just learned about them, so 6 7 honestly, I don't know really much at all about 8 them. 9 Ο. What's the extent of your knowledge? 10 That they were an entity -- I don't Α. 11 even know if it's a person, a group -- who were 12 consulted by our attorneys to provide expert 13 input into the prescriptions that were reviewed, 14 with the purpose of responding to the 15 interrogatories. 16 So at least in terms of those 17 criteria that we talked about, the three, in 18 order to make it on the list, is it your 19 understanding that they had to satisfy all three 20 of those criteria? 21 The -- just were not a cancer 22 patient, high dose -- I'll summarize -diagnosed substance use disorder? 23 24 Yes, sir. Ο. Yes, that was the criteria to 25 Α.

Page 120 identify claims. 1 2. Ο. And they may have had other criteria, but that was ancillary to what the 3 search criteria were; is that right? 4 They may have had other conditions, 5 I would say, but they did not have other 6 7 criteria that were being applied. These were the three criteria used to select the -- to 8 identify the claims. 10 So it wasn't -- at least in 11 selecting those claims, it was not part of the 12 process to determine whether any doctor who 13 wrote a prescription received information from a 14 manufacturer of opioids, correct? 15 MR. BADALA: Objection to form. 16 That's not spelled out in the 17 criteria that were used to identify the claims. 18 And it's not part of the criteria Q. 19 that a doctor who wrote any of those 20 prescriptions was prosecuted or was under 21 investigation for improper conduct, correct? 2.2 MR. BADALA: Objection to form. The criteria are the three that I 23 Α. 24 mentioned. Specifically whether a doctor had visits from a representative of the

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pharmaceutical industry, whether they were prosecuted, those were not independent criteria for the identification of claims.

- Q. And I think you said this, Doctor, but just sometimes I mishear, so let me make sure. They actually have to satisfy all three of those, not any one of those three criteria, in order to make it on the list, right?
  - A. That's my understanding, yes.
- Q. In terms of -- you said earlier that there may have been other conditions. Am I correct that you're just saying due to just the way people see doctors or get conditions, they may have had a host of different conditions or illnesses, but that wasn't a factor in determining whether they were going to be on the list or not other than the fact that it was not for cancer pain, right?

MR. BADALA: Objection to form.

A. These were the criteria that were used to identify the claims that we submitted to our attorneys, and I think, if I remember what I said, you know, these individuals could have had other conditions, but these were the criteria that were used to identify the claims we

Page 122 1 submitted to our attorneys. 2. Ο. Okay. And just to make sure we're 3 clear, so those are the only three criteria, right? 4 5 Α. Yes. You're not aware of how they came 6 Ο. 7 about or who devised them, right? I did not devise them and I do not 8 Α. 9 know who devised them, yes. 10 And no one in the course of your Ο. 11 preparation told you who was responsible for 12 those criteria, right? 13 Α. No, they did not. 14 And you don't know how they were implemented in terms of kind of matching up 15 16 those criteria to actual claims and information, 17 right? Someone else did that work, right? MR. BADALA: Objection to form. 18 19 Outside the scope. 20 I -- as I tried to say earlier, 21 certainly in other definitions of these that 22 could have been applied, but the specific application of those, I do not know for certain. 23 24 0. And even with respect to something 25 that seems clear, like it says not for cancer

pain, do you see that?

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- A. Not for cancer patients.
- Q. Cancer patients, right. So does that mean somebody -- do you know -- whether -- is currently having an acute problem from cancer or do you know whether it would include people who have cancer in remission?

MR. BADALA: Objection to form.

- A. They were not cancer patients. I don't know if it was specifically they had a history of cancer or if it was whether they had an active cancer. Again, I can give you my opinion as an individual, but I don't want to speak for the county, that it would not have been people who had a history with cancer because it wouldn't be an active problem.
- Q. But the point of what we're talking about at least on this is we're trying to understand the criteria used to generate Exhibit A, and I think what you're telling me is you don't know, even with respect to cancer, whether they were trying to find people who were not active cancer patients or whether they excluded anyone who never had cancer? You just don't know the answer, right?

MR. BADALA: Objection to form.

A. I don't know for certain.

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- Q. You couldn't go through any of the list in front of you in Exhibit A and tell me categorically all these people never had cancer, could you?
- A. It would be pretty good if I could do that. I don't think so. As I would understand, cancer patient would be an active problem, but I can't say that for certain.
- Q. In order to understand that, you would want to see how it was defined and what exact criteria was used, right, because then that would help you understand how the selection process worked?

MR. BADALA: Objection to form.

- A. It would be helpful, yes.
- Q. It would be essential, wouldn't it?

  MR. BADALA: Objection to form.
- A. As I say, I don't know that I could tell you how the identification was made not for cancer patients, but I do know that the claims were identified with that criteria. I just don't, as I sit here, have the capacity to tell you how they ruled out the patients who did have

cancer.

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- Q. And substance abuse disorder, does that include people who ever had a diagnosis or is it people who are currently in treatment for substance abuse disorder or is it people who have a family history for substance abuse disorder? Do you know?
  - MR. BADALA: Objection to form.
- A. I don't know the definition. I could give you my impression, but I don't know that that's really representing the county.
- Q. I'm only asking -- you know, you're here to testify on behalf of the county as to what those criteria mean. And other than what you've told me, you can't tell me whether individuals who previously had a substance abuse disorder or currently had a substance abuse disorder or have a family history of substance abuse disorder are encompassed within that criteria; is that fair?
  - MR. BADALA: Objection to form.
  - A. Fair.
- Q. And even as to the 120 MME, you can't tell me whether that includes people who are downwardly titrating or tapering, whether

Page 126 it's used for methadone, whether it's used for 1 2. some other opioid therapy to help addiction, you just don't know, right? 3 MR. BADALA: Objection to form. 4 5 Α. It's 120 MME. I don't know what direction the person would have been in in their 6 7 treatment or what specific medication would have been used other than it would have a correlate 8 9 as an MME. 10 Do you know as to any of the people 0. 11 whether the prescription was manufactured or 12 distributed by one of the Defendants in this 13 case? I don't know that for certain. 14 Α. 15 MR. CHEFFO: Can we take a short 16 break? 17 MR. BADALA: Yes. 18 THE VIDEOGRAPHER: Off the record at 19 11:23. 20 (Recess had.) 21 (Thereupon, Gilson Deposition 2.2 23 Exhibit 7, Handwritten Notes, was 24 marked for purposes of 2.5 identification.)

Page 127 1 (Thereupon, Gilson Deposition Exhibit 8, Handwritten Notes, was 3 marked for purposes of 4 5 identification.) 6 7 THE VIDEOGRAPHER: Back on the record at 11:48 a.m. 8 9 If I could, another clarification Α. into the record. 10 11 In our last area, I was looking at 12 Exhibit 2 on the break, where you had asked me 13 about how we had defined unauthorized, medically 14 unnecessary, ineffective or harmful. And I did 15 not have a chance to review the entire page 16 there, but I believe the answers to those 17 questions are here in the continuation, and I'd like to read those into the record, that "The 18 19 basis for assertion that these prescriptions 20 were medically unnecessary is that the 21 healthcare providers listed below and in Exhibit A were prosecuted or the subject of disciplinary 22 23 actions for their illegal or improper 24 prescribing of opioids, for example, without 2.5 examining patients or determining whether they

had conditions or diagnoses appropriately treated with opioids or prescribing dangerously high dosages of opioids." I won't read the list of the people who were prosecuted, but I think that spells out the criteria that were used as medically unnecessary.

The next paragraph below the last guy's name is the criteria that were used to say that these were ineffective. The "Bellwether Plaintiffs further contend that prescriptions or reformulated OxyContin, Hysingla ER, Opana ER, Exalgo, and Xartemis XR listed in Exhibit A were ineffective in that they did not prevent tampering, were not actually abuse-deterrent, and did not prevent oral abuse, despite the manufacturers' representations to the contrary."

And, lastly, "Bellwether Plaintiffs further contend that by misrepresenting the risks, benefits, and superiority of opioids, particularly for use long-term and at high doses, including, but not limited to, through sales visits, continued medical education and speaker programs, publications and websites, and treatment guidelines, Manufacturer Defendants deprived prescribers and patients of the ability

Page 129 to make informed choices about whether, when and 1 2. which opioids to use -- to prescribe and use, for how long, and at what doses. Though 3 Defendants do not define 'unauthorized,' 4 5 'medically unnecessary,' or 'harmful,' Bellwether Plaintiffs contend that Defendants' 6 7 misstatements regarding the benefits and very significant risks of opioids and the 8 redefinition of the standard of care to include 9 10 opioids rendered the prescriptions unauthorized, 11 unnecessary and harmful in that they were 12 prescribed and taken without full and accurate information." 13 14 Q. You met with the lawyers on the 15 break? 16 Yes, I did. Α. 17 You know we've discussed for a few 18 hours now various criteria, and you told me, I 19 think, probably at least a half a dozen times, 20 if not more, that there are three only. Do you 21 remember that testimony? 2.2 Α. Yes, I do. 23 MR. BADALA: Objection to form. 2.4 So is that still true? Ο. These were the criteria that were 2.5 Α.

Page 130 identified -- that were used to identify the 1 2. claims, and then what I was just reading are the bases for the contention that these were 3 unauthorized, medically unnecessary, et cetera, 4 5 harmful. Did you know any of that information 6 7 before about 20 minutes ago? MR. BADALA: Objection to form. 8 9 I instruct you not to disclose any 10 conversations you might have had with the 11 attorneys. It's pretty clear in the deposition 12 protocol. 13 0. You can answer. 14 I read them at the break because I 15 was unable to kind of read beyond that 16 statement, and that's when I found the terms and 17 just wanted to clarify them. 18 0. So do all those terms apply to all of the prescriptions and individuals? 19 20 MR. BADALA: Objection to form. 21 The terms are -- the criteria for Α. those terms are spelled out in the answer to the 2.2 23 interrogatory as it relates back to topic 6. 24 If I ask you questions about this, Ο.

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other than what's in the interrogatory response,

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do you have any personal knowledge or have you done any preparation to respond to any of those questions?

MR. BADALA: Objection to form. Asked and answered.

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- A. I've reviewed a lot of, you know, papers and forms. I can't tell you I remember everything. As I say, I didn't remember if I saw this before. I don't think I did, but --
- Q. But, Doctor, we've spent a few hours now and I've asked you many, many times about criteria, so are those new criteria that we need to go back and talk to you about, or did -- the criteria that you've been telling me about for two hours, do they still apply?

MR. BADALA: Objection to form.

- A. As I said when I clarified the record, on reviewing these, I came to understand how those terms were used. When we spoke before, I didn't have that information, as I hadn't read the entire page there, but I think it clarified the questions you were asking me.
- Q. Let me ask you some questions about it then.

Does that mean that all of the

Page 132 prescriptions were written by one of these 1 2. doctors listed in the exhibit; do you know? MR. BADALA: Objection to form. 3 Document speaks for itself. 4 5 As I understood what I just read, the criteria, namely, that they were 6 7 medically -- let me just go back and read it. Give me a second. 8 9 Q. So you're only going to be able to 10 answer my questions by reading the 11 interrogatories; is that right? 12 MR. BADALA: Objection to form. 13 Α. I would like to give you a good 14 answer, so I'd like to read them. 15 Exhibit A was unauthorized, 16 medically unnecessary, or ineffective or 17 harmful, and then the next sentence is the basis 18 for the assertion that these were medically 19 unnecessary is because of these healthcare 20 providers in Exhibit A being prosecuted or 21 disciplined. 2.2 Q. So does that mean that every 23 prescription on the list was written by one of 24 those doctors? 2.5 A. I would --

Page 133 1 MR. BADALA: Objection to form. 2 Outside the scope. 3 I would interpret that as the Α. medically unnecessary ones that we talked about. 4 5 Remember, it's the OARRS, so they don't all have to be all four, but this was the definition used 6 7 for medically unnecessary. And you can't tell me what the 8 0. 9 criteria are as to whether something is 10 medically unnecessary other than you telling me 11 that it was written by one of these doctors, 12 right? 13 MR. BADALA: Objection to form. 14 Well, and these doctors were Α. 15 prosecuted or subject to disciplinary action. 16 Which prescriptions did they write 17 on the list; do you know? On this list? 18 Α. 19 0. Yes. 20 I believe the prescribers are 21 listed. I don't want to take up your time 22 trying to find each name there. Okay. So a criteria for medically 23 Ο. unnecessary is that they were written by one of 24 2.5 these doctors?

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A. Right. "The basis for the assertion that these prescriptions were medically unnecessary is that the healthcare providers listed below were prosecuted or the subject of disciplinary action for their illegal or improper prescribing of opioids."

Q. Did you talk to anybody about any of the circumstances for any of the prosecutions or any of the prescriptions?

MR. BADALA: Objection to form. Outside the scope.

- A. I spoke with a prosecutor about prosecutions in general, but I did not specifically talk about any of these individuals named here in the interrogatory.
- Q. Do you know whether all of their prescriptions were determined to be medically unnecessary or only certain prescriptions -
  MR. BADALA: Objection to form.
  - Q. -- in determining the criteria?
- A. I would just point back that they were prosecuted for improper prescribing of opioids.
  - Q. But if they wrote a prescription -- MR. BADALA: Were you done with your

Page 135 1 answer? THE WITNESS: No, I was not. Could I finish? 3 MR. BADALA: Finish your answer. 4 5 Α. It doesn't, as I read this, 6 specifically say every prescription, but that 7 they were prosecuted for improper prescribing of opioids. It doesn't specify whether every 8 prescription they wrote was improper or whether 10 some were. That's not how I'm reading that. 11 Well, is there any way for us to 12 differentiate? 13 MR. BADALA: Objection to form. How would we know whether this 14 0. 15 includes prescriptions before they were 16 prosecuted or after they were prosecuted? 17 MR. BADALA: Objection to form. Α. 18 I think these prescriptions are the 19 ones that they are being prosecuted for. 20 Q. Do you know? 21 That's my reading of this. Α. 2.2 Ο. Do you know? 23 MR. BADALA: Objection to form. 2.4 Α. That's my understanding. And your understanding is based on 2.5 Q.

reading this for the first time 15 minutes ago?

MR. BADALA: Objection.

Mischaracterizes testimony.

- A. As I said, I've read a lot of things. I don't remember reading this. So my best answer to you is I remember reading it, you know, within the last half hour, but I don't know if I saw that before.
- Q. So were all of the prescriptions written on Exhibit A written by the doctors listed in this response?

MR. BADALA: Objection to form.

Outside the scope.

- A. As I understand it, the ones that were defined as medically unnecessary were written by these individuals. There are other criteria in the topic, as I read it, which is unauthorized, medically unnecessary, ineffective or harmful, so I would say that the ones that were written by these, the claim, as I understand it, is that they were medically unnecessary.
- Q. Let's go then one by one.

  So medically unnecessary. Are there any other criteria other than they were written

Page 137 by one of these doctors? 1 2. I have to go back to what it says, that the basis for the assertion they were 3 medically unnecessary is that these doctors were 4 5 prosecuted or subject to disciplinary actions for illegal or improper prescribing. 6 7 Any other criteria? Ο. Not that I'm seeing here. I mean, 8 Α. 9 I'm relying on this document. 10 You didn't do any work to answer 11 that question, did you? 12 MR. BADALA: Objection to form. 13 Mischaracterizes testimony. 14 This would have been something our Α. experts would have identified as medically 15 16 unnecessary. 17 Q. And I just want to go through each one. We have limited time. 18 19 For medically unnecessary, is it 20 your testimony the only criteria that you're 21 aware of is that it was written by one of these 2.2 doctors? 23 MR. BADALA: Objection to form. 24 Mischaracterizes testimony. 2.5 Who were prosecuted or disciplined Α.

for their activities.

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- Q. What about ineffective?
- A. Ineffective I think is defined further down in the paragraph just below Jerome Yokiel, Bellwether Plaintiffs further contend that prescriptions of reformulated OxyContin, Hysingla ER, Opana ER, Exalgo ER {sic} and Xartemis ER {sic} listed in Exhibit A were ineffective in that they did not prevent tampering, were not actually abuse-deterrent, and did not prevent oral abuse despite Manufacturers' representations to the contrary.
- Q. Other than reading those responses, do you have any independent knowledge, based on any work that you did or people that you talked to, in connection with the criteria used for whether something was unauthorized, medically unnecessary, ineffective or harmful?

MR. BADALA: Objection to form.

- A. I know that some of these formulations with which I am familiar were not abuse-deterrent formulations.
- Q. That's not my question.

  Other than reading from that document that you saw 15 minutes ago, do you

have independent knowledge, based on your review as a 30(b)(6) witness, of whether prescriptions were unauthorized, medically unnecessary,

ineffective or harmful?

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MR. BADALA: Objection to form.

- A. I'm sorry. I thought I answered your question in that using the criteria, that these were actually abuse deterrent. I am familiar, as an individual and a representative of the county, that certain formulations here are not abuse-deterrent formulations.
- Q. So if they're not abuse-deterrent formulations, what does that mean?
- A. Plaintiffs further contend that the prescription of reformulated drugs were ineffective in that they do not prevent tampering, were not actually abuse-deterrent, et cetera.
- Q. So if there were prescriptions on the list that were not written by any of these doctors, does that mean that they're medically necessary?
- MR. BADALA: Objection to form.

  Outside the scope.
  - A. I did not conduct the expert review

Page 140 1 of this, so I can't speak to that. 2. O. So if you look at Exhibit 2, there's 3 not doctors listed for every one. Do you know that? Do you know or not, Doctor? 4 5 You know, this is an incredibly long 6 document, and I have to tell you I don't know. 7 0. Okay. I don't know that that's untrue. I 8 9 don't know that that's true. I haven't had the time to review this. And I don't want to get 10 11 into what I initially brought back, again, of 12 saying I reviewed a document that I didn't have 13 the time to review and tell you that no, there's 14 not a prescriber listed for everything here. I 15 do not know. 16 So there's a list of -- this is Ο. 17 Exhibit B. It's in there. Do you see this? 18 MS. ROITMAN: It's in the back of 19 Exhibit 2. 20 MR. BADALA: Oh, behind the big 21 spreadsheet? 22 MS. ROITMAN: Yes. 23 MR. BADALA: All the way back. Go 24 back to the 8 and a half by 11. 25 So in connection with topic 19 and 0.

Page 141 interrogatory 7, you refer to this document. Do 1 2. you know what this is? 3 I have not seen this before. Do you know what the criteria are 4 5 for any of the people who are on this list? It says that they all died from an 6 7 overdose death so far as -- if you'll give me time to read through to the end. 8 9 Q. Do you know what substances were 10 certified --11 I'm sorry. Just give me a second, Α. 12 please. 13 Ο. Sure. 14 Okay. I'm sorry. Α. 15 Q. Do you know what substances were 16 certified as the cause of death? 17 MR. BADALA: Objection to form. 18 Α. For all of these? 19 Yes. 0. 20 I don't know what the death Α. 21 certificates read. 22 Q. Or any of them, right? You don't know? 23 24 I don't have that information, no. Α. 25 Do you know whether these people had Q.

Page 142 a diagnosis of opioid use disorder? 1 2. MR. BADALA: Objection to form. Are these the claims that were 3 Α. referred, because that was one of the criteria 4 5 that we used for referrals? 6 Ο. Well, you're here to tell me, 7 Doctor. Again, I have to say, you know, I 8 read a lot of documents. I don't know if these 9 10 are the names -- some of these are from Summit 11 County, which I don't speak for. I can't tell 12 you, you know, again, if all of these folks had 13 a diagnosis of substance use disorder and --14 Q. I guess what I'm trying to find --15 this is in response to topic 19, "The criteria 16 used by Plaintiffs to identify individuals who 17 overdosed on, or became addicted to, 18 prescription opioids in Plaintiff's geographic 19 area." Do you see that? 20 MR. BADALA: I think you're 21 referring to the depo notice. 2.2 MR. CHEFFO: Yes. 23 MR. BADALA: He's referring to this 24 Exhibit 1. 2.5 THE WITNESS: Okay.

- And in response to that, we received this document, right? The first few pages talk about Summit, but if you go to the third and fourth page, or fifth page, it's Cuyahoga.
  - Α. Right.

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- So, as the topic says, could you Ο. tell us what criteria were used to identify these individuals?
- Α. The criteria that we used to identify claims for opioids were, again, not cancer patients, higher dose, higher than 120 MME, and patients with a diagnosed substance use disorder.
- O. But this is different. This is -again, you have to read the paragraph. It says, "The criteria used by Plaintiffs to identify individuals who overdosed on, or became addicted to, prescription opioids." That's why there's individual people listed here. Are you telling me that that's the same criteria?
- Those were the criteria used for the response to the interrogatory.
  - To this, B? Ο.
- Α. Again, I don't recognize this list right off the top of my head, but if this is the 25

Page 144 list of individuals in that 500 claims, those 1 were the criteria that were used, the three that I mentioned. 3 O. In the overdose deaths? 4 5 Α. Pardon? Overdose deaths. Does that criteria 6 0. 7 apply -- are those the only three criteria that apply to the overdose deaths that are 8 9 articulated in topic 19? 10 The claims that were identified all 11 have those three criteria. 12 What about the overdose deaths? 0. 13 Α. If they were identified as claims by 14 the county, then they would have met those 15 criteria. 16 Putting aside whether they were 17 claims or not, what's the criteria for the individuals who were on Exhibit B? 18 19 MR. BADALA: Objection to form. 20 Asked and answered. 21 Do you know anything other than the 2.2 three criteria you've been telling us about this 23 morning? 24 Those were the criteria that I Α. No. 2.5 was told were used to identify claims.

Page 145 And individuals? 1 Ο. 2. Α. And to identify individuals or --3 yeah, individuals, I guess prescriptions or individuals. 4 5 And people who overdosed? I'm out in the weeds a little with 6 Α. 7 what you're saying. Really, Doctor? Maybe I'm not doing 8 Ο. 9 a good job about it. What does 19 say? Can you 10 just read that out loud? "The criteria used by Plaintiffs to 11 12 identify individuals who overdosed on, or became 13 addicted to, prescription opioids in the 14 Plaintiff's geographic area." 15 Ο. That's all I want to know is what's 16 the criteria. 17 How did we identify the overdose deaths or the ones who became addicted to 18 19 prescription opioids? 20 Q. Either. 21 MR. BADALA: Objection to form. 2.2 Α. The overdose deaths are, you know, searchable in the database either in our office 23 or in Summit County, and those overdose deaths 24

would meet these criteria.

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Page 146 What criteria? 1 Ο. 2. Α. The three criteria we keep 3 mentioning. Q. Oh, they would? The overdose deaths 4 5 would all meet those criteria? If they were submitted for claims, 6 7 identified claims --Q. Putting aside claims; a separate 8 9 issue, overdose and addiction. What are the 10 criteria for determining whether someone made it 1 1 on the list that we've been looking at? Do you 12 know? 13 THE WITNESS: Can I take a break? I 14 have to tinkle really. I'll be right back, 15 though. 16 THE VIDEOGRAPHER: Off the record at 17 12:08 p.m. 18 (Recess had.) 19 THE VIDEOGRAPHER: Back on the 20 report at 12:11 p.m. Much obliged. That was a necessary 21 Α. 2.2 break. 23 Understood. 0. 24 We've talked a lot about claims data 25 and you've told me that there are three criteria

Page 147 1 only, right? Correct? 2. Α. Right. 3 I'm going to put that aside. Then there were some interrogatories and topics that 4 5 talked about people who overdosed and people who became addicted. 6 7 Α. Okay. Right. That's topic 19. Is it fair to say -- you didn't do 8 Ο. 9 any preparation for that topic, did you? 10 MR. BADALA: Objection to form. 11 Other than to familiarize myself Α. 12 with the criteria and that they were submitted 13 to attorneys from the county for review in 14 consultation with experts to generate lists that 15 were provided to answer these interrogatories, 16 no, I did not actively participate. 17 No. I'm not asking if you Q. No. 18 actively participated at all. So I'm just 19 trying to find out -- you said you know the criteria. What are the criteria to determine if 20 21 somebody should be on a list for either being 2.2 opioid addicted or an overdose death attributable to opioids? 23 24 MR. BADALA: Objection to form. 2.5 Q. Do you know?

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- A. Overdose deaths -- I mean, I don't know how Summit County works. In our office we would define those as deaths with a death certificate including an opioid on it.
  - Q. Is that the criteria that was used?
- A. That, I do not know. Again, I think this was something that was generated by experts in response --
- Q. No. Doctor, it says -- Doctor, I'm asking about the criteria, and if you -- let's not -- you know, if you don't know, all you have to do is just say, "I'm not prepared, I don't know the answer." If you do know, I'm not asking you about experts or anybody else who looked at it. I'm just asking, I think, a very fair question, which is, do you know what criteria were used in order to determine if somebody made it on this list as an overdose death? Yes or no. Do you have personal knowledge of that?

  MR. BADALA: Objection to form.
- MR. BADALA: Objection to form.

  Asked and answered.
  - A. Right now, no, I do not.
- Q. Okay. And the same would be true for somebody who was addicted who made it on

Page 149 1 this list; you do not know what criteria were 2. used, correct? 3 MR. BADALA: Which list? I'm sorry. Which list are you referring to? 4 5 MR. CHEFFO: On the -- the list of 6 people who were opioid addicted. 7 MR. BADALA: We're talking about B? MR. CHEFFO: Yes. 8 9 MR. BADALA: Exhibit B. Do you know, Doctor? 10 Ο. 11 Α. Again, my information is that the 12 500 patients who were identified, and I do not 13 know if that includes this group, were 14 identified with those criteria, the three 15 criteria which I keep mentioning. 16 Do you know anything about people 0. 17 who were identified as being addicted? 18 MR. BADALA: Objection to form. 19 If they were on that list of 500, I Α. 20 would say they had -- these criteria applied to 21 them. 2.2 Ο. You're sure of that? 23 Α. The list of 500? 24 That's your testimony under oath, Ο. that if they were on the list of addicted, those 25

Page 150 three apply? Because if it's yes, we'll move 1 2. Is that your testimony? 3 MR. BADALA: Objection to form. 4 Outside the scope. 5 The claims data that was submitted 6 to the attorneys --7 I'm not talking about claims data. 0. -- included those three criteria. 8 Α. 9 I'm talking about people who were 10 listed as opioid addicted. Are those the criteria that were used to determine whether 11 12 they were opioid addicted? 13 MR. BADALA: Objection to form. I don't know that I understand what 14 Α. 15 you're asking me. 16 What don't you understand? 0. 17 The interrogatories spelled out -or I was told there were criteria here, that the 18 19 county provided patients with this name -- with 20 the names based on whether they had -- did not 21 have -- were not cancer patients, had a high 22 dose, or -- and -- not or, and they were diagnosed with a substance use disorder. 23 Those 24 claims, which would include addicted and 25 overdose deaths, were referred over to our

Page 151 1 attorneys for consultation with experts, and 2. that's the basis of these responses. And I do 3 not know, to answer you, what criteria the experts used, but if they were drawing that from 4 5 our claims data, these folks would have met those three criteria. 6 7 So is it your testimony there may 0. have been other criteria that's used? 8 9 MR. BADALA: Objection to form. 10 Misstates his testimony. I think I've answered that before, 11 12 that these are the three criteria that were 13 used. 14 0. That's it? 15 Α. There may be other conditions, as I 16 say, but criteria were these. 17 And you think that if they meet 18 those criteria, you could determine whether 19 someone was -- I mean, how would you even know 20 if they were dead based on those criteria? 21 MR. BADALA: Objection to form. 2.2 Α. I don't think you would. You wouldn't, would you? 23 Ο. 24 Α. No. 2.5 How would you know if they were Q.

Page 152 1 addicted? You wouldn't know that either, would 2. you? 3 MR. BADALA: Objection to form. Solely on these three criteria? 4 Α. 5 Right. 0. This, again, is a basis for 6 Α. 7 selection, and that's what we refer from the county. Beyond that, you know, you would have 8 to do a consultation to determine those 10 questions you asked. 11 You would have to look at other Ο. 12 criteria, right? 13 MR. BADALA: Objection to form. 14 I don't know what went into the Α. 15 experts' determinations of this. 16 You don't even know if there were Ο. 17 experts who made these determinations, do you? 18 MR. BADALA: Objection to form. 19 I was informed that when the county Α. turned over its list of 500 names to the 20 21 attorneys, that they would be consulting with 2.2 experts to determine claims data and share 23 that --24 0. And what happened? 2.5 Α. -- and in response to the

Page 153 1 interrogatories. 2. 0. And what happened after that, what criteria, who was consulted, how it was applied, 3 you have no information, do you? 4 5 MR. BADALA: Objection to form. 6 Misstates testimony. 7 Unless we're going back to Exhibit 2, with the things about what constituted 8 9 medically unnecessary, harmful -- I forget the 10 other two -- those are spelled out in this 1 1 document. 12 Can you tell me everything that the 13 Plaintiffs did, if anything, to identify whether 14 prescribers who wrote any of the prescriptions 15 on Exhibit A relied in any way on anything any 16 Defendant did or said? 17 MR. BADALA: Objection to form. 18 Are you talking about Cuyahoga County? You said Plaintiffs. 19 20 MR. CHEFFO: Yes, Cuyahoga County, 21 sure. 2.2 Α. Sorry. 23 Tell me everything that Cuyahoga 0. 24 County did, if anything, to determine whether prescribers who wrote the prescriptions on 25

Exhibit A relied in any way on anything any Defendant ever did or said.

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MR. BADALA: Objection to form.

- A. I don't know. I mean, I don't know what wasn't covered in the investigation of the prosecutions of the medically unauthorized folks, so --
- Q. And just before we leave this, with respect to interrogatories -- I'm sorry. With respect to topics 19 and 4, are you aware of any other criteria that were used in order to determine any of who those claims or individuals were or is it just the three we've been talking about?

MR. BADALA: Objection to form. Mischaracterizes testimony.

- A. The basis for the claims were the three criteria that I applied. Those were the claims that were submitted to the attorneys for review.
- Q. Topic 3 you've also been designated on. I want to see if we can cover it briefly.

  "Plaintiffs' knowledge of: (a) concerns or complaints made to them and by them about any promotion, marketing or educational activities

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Page 155 with respect to prescription opioids within or relating to Plaintiff's geographic area; and actions taken by them or others in response to those concerns." Do you see that? Α. Yes, I do. Are you prepared to testify about Ο. that? Α. Yes, I am. Okay. What knowledge does Cuyahoga Ο. have about concerns or complaints made to it or by it about any promotion, marketing or educational activities? MR. BADALA: Objection to form. Α. The county itself would not receive the complaints of physicians. They would be more state functions, Board of Pharmacy, Board

the complaints of physicians. They would be more state functions, Board of Pharmacy, Board of Medicine. I can say that as part of our county's response to the opioid epidemic, I spoke at all of our major institutions as a representative of the county, our hospital organizations -- there are three in Cuyahoga County, the Cleveland Clinic, University Hospital, which is affiliated with Case Western, and MetroHealth Medical Center -- about issues

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because we were becoming concerned about the role of prescription opioids in the creation of our heroin crisis and subsequent fentanyl crisis.

At those educational activities or town halls or things like that, I frequently spoke to physicians, who conveyed to me -- if they were older, they said they were concerned about the safety of these drugs and were reassured that the addiction potential of opioid prescription pain relievers was low, less than 1 percent. In speaking to younger physicians, they were told that the inadequate treatment of pain would be something they might be subject to discipline for and that they would not run the risk of addicting patients to opioids if they had not controlled their pain.

So I think those were statements that were misrepresentations of the actual harm that the opioids could potentially cause, and those are complaints I'm hearing from communities. That's anecdotally I realize, but it was such a consistent thing whenever I spoke to prescribers.

O. I move to strike.

Page 157 Let's see if we can just focus on 1 2 the topic that's actually listed there, Doctor. 3 "Plaintiff's knowledge of concerns or complaints made to them or by them about promotion, 4 5 marketing, or educational activities with respect to prescription opioids within or 6 7 related to Plaintiff's geographic area." Do you see that? 8 9 Α. Um-hum. 10 Giving me some level of specificity, 0. 11 are you aware of any specific complaints or 12 concerns that were raised to you or to the 13 county responding specifically to the wording of 14 topic 3? 15 MR. BADALA: Objection to form. Asked and answered. 16 17 As I said, the concerns were being Α. 18 expressed to me in the course of educational 19 activities and they did relate to marketing and 20 the promotion of these drugs as being not 21 potentially significantly addictive. 2.2 Q. When? When did you first hear those? 23 24 MR. BADALA: Objection to form.

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Outside of the scope.

A. I could not give you a specific date. I had town hall and multiple meetings in which I believe were furnished educational activities with physicians specifically to address the heroin crisis, but also to start to share information that we had gleaned from the prescription monitoring program, OARRS, in our state, that indicated that there was a substantial concern that the heroin-addicted population was progressing from an opioid pain reliever addicted population, and that was when I would hear the concerns because there were concerns about overprescribing and a setup for heroin addiction or fentanyl addiction and they were expressed to me at those town halls.

- Q. And I'm going to move to strike and we're going to have to ask for more time. I asked you very specifically when and you've given me kind of a speech.
  - A. 2013.
  - O. Okay. Thank you.
  - A. That's when I started my town halls.
  - Q. It's very simple.
- A. It would have continued to the

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Page 159

- Q. So I'm asking -- bite size pieces -- 2013 is the first time that you did your town halls and that's when you heard complaints, fair?
- A. That's the first time I, as an agent of the county, became aware of it, and I think that that's the first time, you know, that I am aware that people were expressing those concerns about addiction.
- Q. And so is the answer that the county's first time that it had concerns or complaints in response to topic 3 was in 2013 based on your investigation and work in preparation for this deposition? Is that fair?

  MR. BADALA: Objection to form.
  - A. Let me just reread that.
- With the understanding that we would not have -- I'm not representing the state, who may have received those complaints. That's the first I'm aware of the county understanding that. So around 2013.
- Q. There's no -- is it really your testimony there's no ability for the county to receive a complaint by a consumer or another doctor or a public citizen to one of the various

people in town -- in county government?

MR. BADALA: Objection to form.

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- A. The appropriate mechanism for those investigations would be at the state level. Can somebody from the county receive those, that's certainly possible. Local law enforcement could, who also are not county employees. We have our sheriff. And they may have received those as well, but the actual complaints and concerns, as I know them to be a county function, are probably the date I mentioned.
- Q. Other than the individual complaints that you heard of when you were having these anecdotal conversations, did you identify any database or any people who maintained those or any complaints about pharmaceutical or other Defendant conduct or marketing activities?

MR. BADALA: Objection to form.

- A. Not as I remember the county level.
- Q. And that's -- as part of your preparation for today, you did a full and fair analysis of whether there were any concerns or complaints maintained by the county, fair?
  - A. Yes, I did.
  - Q. And your testimony is you didn't

find any?

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- A. I could not find anything within the county that I would say were fulfilling this, but as I say, whether there were complaints made from the county up to the state, that, I did not investigate.
  - O. Now, you also were --
- A. Or to federal. I guess they could also possibly --
  - Q. Why didn't you investigate those?

    MR. BADALA: Objection to form.
- A. The regulation of medicine in the state of Ohio is at the state level, and the regulation of complaints about doctors' practices and things like that would seem to be more appropriate at the state level. The county doesn't have a specific mechanism to investigate those complaints to the best of my knowledge.
- Q. But you just told me that the county may have made a referral to the state or the Feds because those are the right people, and that's exactly what this calls for, right? It says, "Concerns or complaints made to them or by them," meaning Cuyahoga County. Do you see that?

A. Yes, I do.

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- Q. And the answer may be the same, but I just want to make sure we're on the same page. Did you do any work to identify whether the county ever made a complaint or expressed any concerns to any federal agency or any statewide agency with respect to promotional, marketing or educational activities concerning prescription opioids?
  - A. Not that I know of.
- Q. And it's your testimony that the state is actually the agency that's best empowered to handle those types of complaints?
- A. The state would investigate overprescribing through the Board of Pharmacy, medical practices through the Board of Medicine. That would be the more appropriate people to address that.
- Q. And you're not aware of whether anybody in the entire Cuyahoga County system made a complaint or a referral to any of those state agencies, are you?
  - MR. BADALA: Objection to form.
- A. I know the prosecutor, in my discussions with him, talked about prescribings

Page 163 of, you know, doctors over, you know, the time 1 2. frame for the lawsuit, and, you know, those people could have, you know, or should have been 3 referred to the Board of Pharmacy or Board of 4 5 Medicine. 6 0. But you'd be speculating? Do you 7 know? What's that? 8 Α. 9 Do you know whether they did or not Ο. 10 or are you speculating? 11 Well, I think the other piece of it, 12 not to evade your question, is that there would 13 be opportunities, based on my discussion with 14 the prosecutor, where information would be 15 filtered back to them from those state agencies 16 as well. 17 Q. I understand. 18 And you understand, Doctor, today is 19 just my opportunity to try and just probe for 20 information and get it, which I don't have. 21 I think that's great and I hope I'm 22 being helpful. 23 So these are very simple questions. Ο. 24 Are you aware of any facts in which the state made a referral or a complaint 25

Page 164 regarding pharmaceutical or defense advertising 1 or marketing information to a state or federal 2. 3 agency? Do you have any specific --MR. BADALA: Objection. Outside the 4 5 scope. Α. Whether the county did? 6 7 0. Yes. No, I do not. 8 Α. 9 And do you have any information Ο. 10 whether the county made any of those inquiries 1 1 or concerns and expressed them to any federal 12 agency? 13 Α. Before the time we're talking about? 14 Any time. That's what this calls Ο. for. 15 16 MR. BADALA: Objection to form. 17 I think when we identified, through 18 the Poison Death Review Committee, through our 19 task forces, that there was a role for the 20 prescription opiates in the subsequent evolution 21 into heroin and fentanyl addiction, there were 22 representatives on the task forces at the 23 federal level, at state level, and that 24 information would have been passed up to them. 2.5 We as a county would have -- when we

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Page 165

identified people who were doctor shopping based on that review, we went back and looked at all of their prescribing as far as we could with our prescription drug monitoring program for overdose deaths. If we identified doctor shopping, which we defined as five or more prescribers within a one-year period, we would refer that back to the Board of Pharmacy, "we" being the medical examiner's office.

I also know, based on conversations with the Division of Child and Family Services, there were also instances -- I don't have specifics that I could share with you, and I don't know if the county would have them, but when they became aware of what looked like -- I remember the term -- my contact used "fishy prescriptions," they would also be referred to the state for further investigation.

Q. Are fishy prescriptions -- do they contribute to the opioid crisis?

MR. BADALA: Objection to form.

A. I think, sure. You know, if they're not going to be, you know, something that's legitimate -- you know, anything I think that puts more drugs into the system, especially by

Page 166 an illegal means, has the potential to 1 2. contribute to the opioid crisis. 3 And do you know whether any of those fishy prescriptions are on the list in front of 4 5 you? They were child and family services, 6 7 so I don't know really. That was an anecdotal recollection. 8 9 Does doctor shopping lead to and 10 contribute to the opioid crisis? 11 MR. BADALA: Objection to form. 12 Which topic are we on? 13 MR. CHEFFO: General questions. 14 0. You can answer. 15 MR. BADALA: Outside the scope. 16 Does doctor shopping contribute to Α. 17 the opioid crisis? 18 MR. BADALA: Objection to form. 19 I think that that's a well Α. 20 recognized form of diversion of pharmaceuticals. 21 You presented us with some 2.2 handwritten notes just a little while ago. Do 23 you have a copy in front of you? 24 I do not. Α. 2.5 MR. CHEFFO: Let's mark them.

we marked them yet?

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MR. BADALA: Yes. We have 7 and 8.

Q. What are these, Doctor?

A. Oh, when we talked earlier, we had said was there anybody who I had talked to about -- in preparation for today, and these are two of the conversations I had where I took notes actually. And I think I mentioned the third one, which I'm quite confident I threw away. I wasn't at the time remembering that I had kept these. They were just preserved, so I produced them.

But anyway, one is -- Exhibit 7 is my notes when I talked to Joan Papp, who was the doctor at MetroHealth Medical Center who was the principal founder of our Deaths Avoided With Naloxone program, naloxone being the antidote to potentially reverse an opioid overdose.

And the other one was Vince Caraffi, and that's C-a-r-a-f-f-i, and he was -- he is still the injury prevention program supervisor at the County Board of Health and he was also the chair of the County Board of Health opiate task force.

There was a second task force which

Page 168 both of these folks participated in. 1 If I say task force, this is the Board of Health task 2. The other one was housed in the -- or 3 force. chaired by the U.S. Attorney, initially Steve 4 5 Dettelbach, then Carole Rendon, and now Justin Herdman, our succession of U.S. Attorneys. 6 7 Sorry I went on. I'm trying not to cut you off, but 8 0. 9 I'm asking very specific questions here. Have you ever been media trained? 10 11 MR. BADALA: Objection. Outside the 12 scope. 13 Α. No. Am I good? 14 You're looking at the camera a lot. 0. 15 Α. Well, that -- I have been trained to 16 talk to the jury. 17 Q. Oh, okay. 18 You only took notes for three 19 people? 20 Yes. Α. 21 And are these the complete notes 2.2 from the two that you provided or are there anything missing? 23 24 This is everything. Α. No. 2.5 In fact, when you told us that these Q.

Page 169 were somewhere in a landfill, they were in your 1 2 bag back in your room probably? Yes. One was in a landfill. 3 Α. But these two, where were they? 4 Q. 5 Α. These were in a file in my bag. 6 Q. In your bag. 7 When was the last time you looked at them before right now? 8 9 I just wrote them I think within the 10 last week or two, so within the last week or 1 1 two. 12 MR. CHEFFO: Okay. I think I'm just 13 about done. Just give me about two minutes. 14 MR. BADALA: Yes. Do you want to go 15 off the record? MR. CHEFFO: Yes. Let's go off the 16 17 record for a minute. 18 THE VIDEOGRAPHER: Off the record at 19 12:35 p.m. 20 (Recess had.) 21 THE VIDEOGRAPHER: Back on the 22 record at 12:46 p.m. BY MR. CHEFFO: 23 24 0. Before I ask you questions, Doctor, some of this is, frankly, illegible. And I 25

don't want to quibble. I appreciate we have it now.

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- A. I'm a doctor. I can read it all, or most of it I should say. Some of it I can't even read.
- Q. At some point we may just ask you to do it because it's just really hard to do, but I'm not going to ask you to do it at this minute. I'll see if we can decipher it over lunch.

Before we leave topic 3, I did just want to ask you -- there's a part B here. Now, you told us that the only information -- tell me if this is correct -- that you had of kind of claims or complaints was some anecdotal information that you obtained during some town hall meetings starting in 2013. Is that fair?

A. I'd characterize it more as these were talks that were specifically towards the medical communities, so they were more formal I think than -- we did a lot of town halls, too, but these were -- those concerns that I expressed were more expressed to me when I was in that forum where I was doing the grand rounds or something like that.

Q. And then the topic 3 has B. It talks about the actions taken by Cuyahoga County in response to those concerns or complaints. So in your preparation, can you tell us all the things -- so when you heard those things, I assume there was a litany of things that you or the county did.

A. Sure.

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I think, you know -- I have to stress that at the time that I'm doing these, you know, grand rounds, town halls, we have a heroin epidemic and we have not really established its link back to prescription drugs at that point definitively. That's why we needed to go back and do the OARRS data. I'm sharing what I'm seeing because it's concerning to me, but I don't think it would represent the county to say that we had established that link. So I am presenting data about heroin, I'm collecting their anecdotal information and, at the same time, in the medical examiner's office we are going back to do reviews of the heroin fatalities with specific things that we're looking at in addition to demographic information, just, you know, age, race, sex.

We're looking at things like where did the person live, where -- what was their level of education, was there anything that might have predisposed them in terms of a job to develop a heroin addiction. And the last one that I want to stress, because it's relevant to this, is we were looking at the role that prescription opioids might have played in generating a heroin crisis. We've had heroin epidemics in Cuyahoga County before the prescription drug problem. So we were really trying to collect good data to make that association.

- Q. Again, Doctor, my question is really a little bit different.
  - A. I'm sorry.

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Q. It's just basically you told us that you had some anecdotal information, and B says the actions taken by the county in response to those. I know you told me -- let me ask you a few follow-ups.

You said you were hearing this and collecting. Did you memorialize this? Did you put this in a file? Did you take notes on any of this?

MR. BADALA: Objection to form.

- A. These complaints as I'm hearing them?
  - O. Yes.

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- A. No. They were mostly conversations
  I would have after these meetings. I have a
  record in our statistical report of where I was
  speaking, but the actual person who came up to
  me, I didn't ask them their name. If I knew it,
  I knew it. If I didn't -- and writing down any
  memos about that, I didn't do that.
- Q. So the answer is no, you have no written record of any of that, right?
  - A. No.
- Q. Have you identified any written record of anybody in the county that memorialized a complaint or concern about promotion, marketing or educational activities with respect to prescription opioids?

MR. BADALA: Objection to form.

A. Again, you know, I don't have the access to the state data where those complaints would have been made, but within the county we don't have really a reporting structure like that I'm aware of and I didn't find any evidence of those complaints being filed at the

county level.

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- Q. And with respect to those specific concerns or complaints that you were told anecdotally, are there actions that the county took or steps taken?
- A. Not to be unresponsive, but what I was saying before about --
- Q. When someone starts an answer "not to be unresponsive," I know what's coming, so I would kind of maybe ask you to try to be responsive.
- A. Well, what I want to say is doing those look-backs on our heroin overdoses into the prescription database was my way of responding to the concerns that these folks had about overprescribing based on misinformation about the safety of these drugs. And, you know, the other piece of anecdotal information that I'm hearing, and this would be at town halls in addition to other places, and I think there was also a national concern that we were really one of the first counties to recognize is that people are going from the opioid pain relievers to heroin, and I think the only way we could really go back and look at that with decedent

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Page 175

data as a county was to go back and look at our decedents, our drug overdoses, and establish that link that they had to the --

- Q. Doctor, I'm going to have to move to strike. We're going to have to ask for more time because this is not even remotely responsive.
- MR. BADALA: That was -- he just said that in response to that, that's what they did. They started looking at the data.
- MR. CHEFFO: I'm getting an entire speech about the heroin --
- MR. BADALA: You are completely incorrect. That is completely responsive.
- Q. Is there anything that the county did in response to any of these anecdotal complaints other than what you've just told us?
- A. The county hospital, after they initiated Project DAWN, opened an office of opioid affairs to monitor prescribing within the county hospital, and that was with follow-up to people who might have been overprescribing, and, you know, to just look at that and potentially try to steer them towards less prescribing.
  - Q. Anything else?

A. Let me just read the question one more time.

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Not that I can think of. It's a very pervasive problem, as I think you know, and whether there were more concerns or complaints I'm not thinking of, I don't want to shut the door on it, but I would just say that's the best I can think of now.

Q. Does the county still reimburse for opioids?

MR. BADALA: Objection to form. Outside the scope.

- A. I'm not sure I understand.
- Q. Does the county still reimburse for opioid medicines for people for which it funds?

  MR. BADALA: Objection to form.

  Outside the scope.
  - Q. Do you know?

MR. BADALA: Same objections.

- A. I don't know that. I would say, you know, the jail or someplace like that, but most of that -- I mean, we did the Medicaid expansion in Ohio, so I would think most of that would be reimbursed by federal. I honestly don't know.
  - Q. Have you seen any information or

memoranda of any interviews with any healthcare providers who wrote any of the prescriptions in connection with Exhibit A?

MR. BADALA: Objection to form. Outside the scope.

A. No, I have not.

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- Q. And I think the last kind of question or area, you mentioned -- I just want to follow up. You testified that when you heard these anecdotal reports, you went back and you checked OARRS data, perhaps amongst others, in connection with your database of overdose deaths. Did I get that right?
- A. Right. We were cross-checking our heroin overdoses against the OARRS database. We would also, I should say -- and I think this started about 2014 or '15. We were sending lists of our prescription opioid deaths quarterly to the Ohio Department of Health as part of a grant, but the specific checks we were doing in the office that I mentioned were on the heroin overdose population.
  - Q. And you were looking for what?
- A. Well, there was, again, the anecdotal evidence that we may be seeing a

- 1 | transition from prescription opiates to heroin.
- 2 We had a spike in heroin mortality, and the
- 3 | function of going back to look at that was to
- 4 | firm up to our satisfaction that this was, in
- 5 | fact, the relationship. I think the data to
- 6 inform that was critical because, you know,
- 7 | policies get into trouble when you have
- 8 | inadequate data, and I think that this was
- 9 really something that we wanted to be sure we
- 10 were right on.
- 11 Q. Did the county conduct any studies
- 12 to assess the potential impact of pharmaceutical
- marketing on prescribing practices in Cuyahoga?
- 14 A. The county itself, I don't -- not
- 15 that I know of.
- 16 Q. Any neighboring counties that you're
- 17 aware of?
- 18 A. Marketing practices -- I'm sorry.
- 19 Read it one more time.
- 20 Q. Sure.
- 21 Did the county conduct any studies
- 22 to assess the potential impact of pharmaceutical
- 23 | marketing on prescribing practices or did a
- 24 neighboring county?
- 25 A. You know, I'll say no because I

Page 179 1 think there were reports that I read about, you 2. know, how did this opioid crisis, you know, 3 start, and they would point to things like, you know, marketing practices. But the county 4 5 specifically studying that, that -- I don't know of anything specific research-wise. 6 7 If someone has an overdose death of Ο. heroin, can you determine whether they ever had 8 9 a prescription opioid? 10 MR. BADALA: Objection to form. 11 A lawful prescription opioid. Ο. 12 MR. BADALA: Outside the scope. 13 Α. What we were doing going back into 14 the OARRS file was to find if they had the 15 prescription. 16 That's what you were trying to do is Ο. 17 find out if they had a lawful prescription? 18 Α. Right. 19 And for how long did you go back? O . 20 Well, I shouldn't say -- I don't Α. 21 know that they were lawful. Whether they had a 2.2 prescription for opioid pain relievers. Whether 23 they were diverted or, you know, pill mill, that 24 I couldn't tell.

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So what would it show, though?

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would show a prescription from a pharmacy?

A. You know, our access to that database evolved over time, so originally -- oh, one other person I spoke to in preparation was the head of the OARRS, Chad Garner. But our access to this actually predated his becoming the head of that.

We reached back to them because of the concern that the prescription opioids might be creating that drug-addicted population who eventually move on to heroin; and when we originally requested that access, because I don't have a DEA number, I'm not writing prescriptions for opioids, I could not actually get access as a prescriber, so what they did, and it's part of OARRS' mission, is they'll support public health initiatives to, you know, ultimately respond to responsible opioid prescribing. They gave us de-identified data.

So what I could tell from that was the overdose victim -- those were the names we supplied, what they had been prescribed, but what I could not see was who was doing the prescribing. So it became hard for us to do anything about doctor shopping or really a lot

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Page 181 of things that would have been specific about 1 2. diversion at a prescriber level. In, I want to say, about June of 3 2013, we get law enforcement access to the 4 5 opioid -- pardon me, the OARRS, the Ohio 6 Automated Reporting RX System, and at that point 7 I can start to go back and look at physicians specifically and prescribers. 8 9 So initially the -- pardon me --10 2012 data was just aggregated. I could tell, 11 geez, a lot of these folks have prescriptions, 12 but I couldn't really get a good handle on what 13 was going on at a deeper level of, you know, 14 where is the diversion occurring, and there were 15 very lengthy reports at that time. 16 Are you aware of any studies that 17 were done by either Cleveland or Summit that 18 showed that well over 90 percent of the doctors 19 who responded indicated that they were not 20 influenced by pharmaceutical marketing? Does 21 that ring a bell to you? 2.2 MR. BADALA: Objection to form. 23 Α. Not a study I'm familiar with. 24 0. Over 90 percent?

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I'm not familiar with any study

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Page 182 1 along those lines. 2. Ο. And the last question, I think I 3 promise, is, of the three criteria, the substance abuse disorder -- we talked about that 4 5 earlier. Yeah. Sure. 6 Α. 7 Other than saying that's a criteria, 0. can you tell us anything more about how that's 8 9 defined, whether that's used -- something from 10 the DSM-4 or 5 or something else, or is that the 1 1 extent of your knowledge? 12 That's the extent of my knowledge. 13 As I think I said earlier, there's criteria for 14 that diagnosis. I don't know if they were 15 specifically applied in identifying that 16 population or which criteria were. 17 MR. CHEFFO: Okay. Let's take a lunch break. 18 19 THE VIDEOGRAPHER: Off the record at 20 1 o'clock p.m. 21 2.2 (Luncheon recess had.) 23 24 2.5

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Page 183
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                 THE VIDEOGRAPHER: Back on the
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    record at 1:38 p.m.
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                     AFTERNOON SESSION
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            EXAMINATION OF THOMAS GILSON, M.D.
    BY MR. BORANIAN:
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                 Good afternoon, Dr. Gilson. I'm
           0.
    Steven Boranian.
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                 You understand you're here
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    testifying as a representative of the county,
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    correct?
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                Yes, I do.
           Α.
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           0.
                 So I'm going to question you on some
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    topics different from this morning's
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    questioning, although there may be some modest
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    overlap. I'm going to read off those topics and
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    please, Doctor, tell me if you understand that
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    you are testifying for the county on these
19
    particular topics.
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                 The first is topic number 2,
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     "Diversion of prescription opioids in
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    Plaintiff's geographic area."
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           Α.
                 Yes, I do. That was one of the ones
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    that I was prepared to respond to as well.
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                 The next is topic number 15, "The
           Q.
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Page 184 investigation of doctors, pharmacists, 1 pharmacies, clinics, 'pill mills,' or hospitals 2. 3 in Plaintiff's geographic area for diversion of prescription opioids or the improper prescribing 4 5 of opioids." Is that one? 6 7 Α. Yes. The next is, "Plaintiff's knowledge 8 0. 9 of and access to data concerning prescription 10 opioid manufacturing, prescribing, distribution, 11 or dispensing." Is that one, Doctor? 12 Topic 27 for me, right? Α. 13 0. Correct. 14 Α. Okay. Yes. 15 The next is topic 28, "The policies Q. 16 regarding the Ohio Board of Pharmacy's OARRS database." Is that one? 17 18 Α. Yes. 19 And then, finally, for my portion of 20 this deposition, topic number 30, "What efforts, 21 if any, Plaintiffs made to influence the DEA's 22 quota-setting process; and what actions, if any, 23 Plaintiffs took in response to the DEA's setting 24 of quotas." Is that one of yours, Doctor? 25 A. Yes, it is, sir.

Page 185 1 Excellent. Thank you. Ο. 2. Let me ask you a few questions about 3 the prescription drug supply chain and diversion of prescription drugs. 4 5 Do you understand or do you have an 6 understanding of the prescription drug supply 7 chain? 8 Α. In a general way. 9 So prescription drugs go from a Ο. 10 prescription drug manufacturer to pharmacies or healthcare facilities, there's usually a 11 12 wholesaler or distributor involved, and then the 13 drugs are prescribed to patients or dispensed to 14 patients who hold valid prescriptions, true? 15 MR. BADALA: Objection to form. 16 Sorry, Steve. Is this topic 2? 17 MR. BORANIAN: Correct. 18 MR. BADALA: I'm going to also 19 object to outside the scope. 20 Right. As I understand your Α. 21 question, they would be receiving --2.2 Ο. My question is this: Does what I 23 just said match your understanding of the prescription drug supply chain? 24

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MR. BADALA: Same objections.

Page 186 Could you read it back quick? 1 Α. 2. 0. Let me do it again for you. 3 Sure. Thank you. Α. A prescription drug manufacturer 4 Ο. 5 supplies prescription drugs to a pharmacy or healthcare facility, there's usually a 6 7 distributor or wholesaler involved, and drugs are then dispensed to patients who hold valid 8 9 prescriptions. Does that match your 10 understanding as a physician of the prescription 11 drug supply chain? 12 MR. BADALA: Objection to form. 13 Outside the scope. 14 As a physician, yes. In this 15 county, I would say yes. 16 And are you familiar with the 17 concept known as a closed supply chain? 18 MR. BADALA: Same objection. 19 Α. No, I'm not. 20 So within that whole process, from Ο. 21 manufacturer to the patient, product should 2.2 neither enter nor exit the supply chain, and 23 that's what we mean by a closed supply chain. Is that clear, Doctor? 24 25 MR. BADALA: Objection to form.

A. Got it. Okay.

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- Q. So if a product is channeled or provided to someone outside the supply chain for a non-legitimate medical purpose, is that known as drug diversion?
- A. I could see that. I usually think of it as kind of the improper use of medication for non-therapeutic use, but I think we're saying the same thing.
- Q. Would that be your definition of drug diversion, what you just said?
- A. It would be one I would be willing to work with, sure.
- Q. Is drug diversion a crime?

  MR. BADALA: Objection to form.

  Outside the scope.
  - A. I believe so.
  - Q. When a licensed manufacturer or distributor ships a prescription opioid to another licensed entity for legal sale, is that considered drug diversion?
  - A. When a licensed manufacturer ships it to a distributor, no, I don't think so.
- Q. What percentage of prescription opioid abuse in the county stems from opioids

Page 188 that have been diverted? 1 2. MR. BADALA: Objection to form. 3 Outside the scope. I think, you know, the data I can 4 5 look at evolves over time. The best number I can give you is from an Ohio Department of 6 7 Health report from 2010, which estimated, using their methodology, that somewhere about 20 to 23 8 9 percent of the overdoses that were being seen 10 were associated with diverted prescription 11 medication. 12 I don't know that we've actually 13 looked at the percentage of diversion because 14 the crisis, as it's evolved, has really gone to 15 a point where we're not talking about the 16 diversion of legal substances so much as an 17 evolution into illegal substances. 18 And that's the prevalence you're Q. 19 currently seeing with heroin and fentanyl, 20 correct? 21 Right. That's where our opioid 2.2 crisis is now as of -- probably since about 23 2011, 2012. It wasn't that the opioid pain 24 reliever aspect of it and mortality associated with it went away. It's just that the rise in 25

Page 189 what's been driving mortality more since those 1 2. years I mentioned has been the illicit drugs. 3 But it's fair to say that the aspect Ο. associated with opioid pain relievers has 4 5 plateaued or diminished since 2011? 6 MR. BADALA: Objection to form. 7 Outside the scope. It bounces around, but it appears to 8 Α. 9 have plateaued after rising, yes. 10 In about 2011, right? Ο. 11 MR. BADALA: Objection to form. 12 Outside the scope. 13 Α. Sure. Okay. 14 Now, the Ohio Department of Health 0. 15 report that you just referenced, is that 16 statewide data or is that -- well, strike that. 17 What geographic scope does that data 18 cover? 19 It was divided into regional Α. 20 reports, so there wasn't really any 21 county-specific data that I can point to in it. 22 I do know at one point around that time the Ohio Department of Health identified different 23 24 counties that they thought were having a problem with opioid pain relievers. Most of them were 25

in the southern part of the state, though Cuyahoga County was one of those counties as well.

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- Q. Now, you've said the county has not really tracked the percentage related to diverted opioids, but has the county ever collected any information from which that percentage could be calculated on a countywide basis?
- A. I would think that would be more at a state level. I'm not aware of anything at the county level that I could think of off the top of my head. The prescribing information would be more state level, so OARRS and things like that, which would have the pharmacies responding, would be more state -- might drill down into the county, but I don't know that. The county itself would not collect that data to the best of my knowledge.
- Q. Let me ask you about how diversion occurs. When a patient gives or sells his or her medication to someone else, that's drug diversion, true?
  - A. I'd consider that, sure.
    - Q. If a doctor intentionally

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overprescribes medication without establishing a doctor/patient relationship and without a valid medical purpose, is that drug diversion?

- A. I think I would consider that the same, yes.
- Q. When a drug user or consumer steals prescription drugs from another patient, is that drug diversion?
- A. Yes. They weren't -- they're outside their intended recipient.
- Q. Is doctor shopping a well-known form of diversion?

MR. BADALA: Objection to form.

- A. I would consider that it's within the intent to obtain multiple prescriptions.
- Q. And doctor shopping is defined as you defined earlier today, correct?
- A. That's the definition I use. I know that some other individuals, when I talk, we use slightly different variations, but that was actually one our task force or our Poison Death Review Committee received from the medical director of our alcohol, drug abuse and mental health services department, so that's the one we've used since inception.

- Q. Do you agree that almost all prescription drug diversion occurs after prescription drugs have been dispensed to patients?
- A. I wouldn't know. I mean, I am certainly aware of instances where it has been dispensed to the patient and instances where somebody may overmedicate themselves or they're selling drugs or they're potentially just having leftover drugs that somebody has access to, but I wouldn't know that I would say the majority would be that. I wouldn't have an opinion on it.
- Q. So those are all examples of drug diversion that occur?
  - A. At a patient level.
- Q. At a patient level. Very well.

  Can you give me any examples of diversion that occur before drugs have been
- 20 dispensed to patients?

A. I think the overprescribing, the
pill mill scenario, the robbery of a pharmacy,
the influx of large amounts of drugs beyond the
population density would be indications to me of
diversion.

- Q. Can you identify any examples of drugs being stolen from pharmacies in Cuyahoga County?
- A. I am aware of that phenomenon happening, but I don't have specifics I could share with you.
- Q. And when a doctor intentionally overprescribes prescription drugs, the diversion occurs after the drugs have been dispensed to a patient in that example, true?
  - A. Okay. I can see your point.
- Q. And when a drug distributor distributes drugs lawfully to a pharmacy and those drugs are then dispensed to a patient and then diverted to another, that occurs after the product has been dispensed to patients, true?
  - A. Sure. I would say so.
- Q. Has the county ever investigated any pharmaceutical distributor or manufacturer for drug diversion?
  - MR. BADALA: Objection to form.
- A. When we filed the lawsuit, I know they were named as defendants.
- 24 Q. Sure.

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Other than this lawsuit, has the

Page 194 county ever investigated any pharmaceutical 1 distributor or manufacturer for drug diversion? 3 MR. BADALA: Objection to form. Outside the scope. 4 5 Not that I know of. Had the county ever considered doing 6 0. 7 that before it filed this lawsuit? I know there were concerns about 8 Α. 9 just how many opioids there were in our county. 10 Whether it was discussed, you know, to look at 11 distribution, manufacturing, marketing and 12 things like that -- there were a lot of 13 discussions with different task forces how that 14 could have been done, but to the best of my 15 knowledge, they didn't get beyond the discussion 16 phase. 17 Has the county ever investigated any of the Defendants in this case for drug 18 diversion other than filing this lawsuit? 19 20 MR. BADALA: Objection to form. 21 Outside the scope. 2.2 Let me just review all the 23 Defendants. I know we were investigating 24 prescribers more than the actual distribution 25 companies. I'd have to say prior to the filing

Page 195 of the lawsuit, I'm not aware of any specific 1 2. county initiatives to investigate the pharmaceutical or distribution companies that 3 are mentioned here. 4 5 Are you aware of any instance where any of the Defendants in this lawsuit sold or 6 7 distributed prescription opioids outside the closed supply chain? 8 9 MR. BADALA: Objection to form. 10 Outside the scope. Not that I'm aware of. 11 Α. 12 Now, when a patient fills a 0. 13 legitimate and valid prescription, can any of 14 the Defendants in this lawsuit stop that patient 15 from reselling their pills? 16 MR. BADALA: Objection to form. 17 Outside the scope. I don't see how they could. 18 19 Can any of the Defendants stop that 20 patient from sharing his or her medication with 21 someone else? 2.2 MR. BADALA: Same objections. 23 Α. Again, I don't see how they could do 24 that. Do any of the Defendants in this 2.5 Q.

Page 196 1 lawsuit have any power to arrest people engaged in drug diversion? 3 MR. BADALA: Objection to form. 4 Outside the scope. 5 I don't know of any arrests. So along those same lines, would any 6 7 of the Defendants have -- do any of the Defendants have any power to revoke any 8 9 professional licenses, such as doctors or 10 pharmacists? 11 MR. BADALA: Objection to form. 12 Outside the scope. 13 Α. Not that I know of. Would those be issues addressed by 14 0. 15 law enforcement and other regulators? 16 MR. BADALA: Objection to form. 17 Outside the scope. 18 They would be investigations by law Α. enforcement, I would think, and oversight by 19 20 regulatory boards, in our case in the state, not 21 at the county level. 2.2 Has the county ever reported doctors 0. to the State Medical Board for suspected 23 24 diversion of controlled substances? 2.5 Α. Yes.

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Q. In your office, the medical examiner has done that, right?

A. Yes, we have. I would say they were reported to the Board of Pharmacy under the criteria that I mentioned this morning. If we saw high dosages that were being given by a doctor or if we saw that an individual had received the doctor shopping -- met the doctor shopping criteria, we would refer that individual, the overdose victim, to Board of Pharmacy.

I'm also aware that the Division of Child and Family Services also had some similar anecdotal things, which I do not have specifics for, but also made reports about concerns about diversion of drugs.

There were, obviously, prosecutions of doctors who were diverting drugs through the prosecutor's office.

- Q. And the prosecution was at the county level, correct?
- A. No. Actually, there were prosecutions of diversion or individuals -- you know, in terms of county, there were federal prosecutions, especially as the opioid crisis

evolved to the point where we were seeing more of the heroin and fentanyl deaths. And I specifically met with Carole Rendon about strategies on those prosecutions. So I would say that there were death specification discussions that we had with the Federal Department of Justice and, you know, those sentencing guidelines were certainly discussed in our U.S. Attorney's task force because they can tend to be significantly longer sentences for individuals.

- Q. Let me ask you about the medical examiner office's reports to the medical board for investigation. When did the office first do that?
- A. We started to collect the data from the Board of Pharmacy in 2012, but that was de-identified, so we couldn't really find out who was prescribing.

When we did our Poison Death Review Committee in 2013, that's when we started to identify doctor shoppers. At that point about 36 percent of our heroin overdose deaths -- and it would have been in 2013 we would have started those reports, and would have continued into

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- 2014 as well, and other years. I mean, we haven't stopped some of these efforts, but that would have been the start of that.
- Q. So you reported certain doctors to the medical board in 2014. Have you done it in subsequent years?
  - A. Yes.

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- Q. And in what years have you done it since 2014?
- 10 A. I think every year until the 11 present.
  - Q. And have any suspensions --
  - A. You know, let me take that back because with this magnitude of the crisis, we fell behind in terms of our, you know, ability to check OARRS data and we just finished 2016's data. We did 2015. 2014, 2015, 2012, those dates I would be willing to say with certainty we did the reports, 2016 to say we just finished. And the specific look we were doing there was with fentanyl. Whether those have been reported, I'm not certain enough to say that that actually has happened. It would be our intention to do so.

Q. And, to be clear, those are reports

of doctors to the medical board, true?

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- A. Board of Pharmacy, yes. The Board of Pharmacy will oversee that aspect of the investigation. We will refer decedents to them for further evaluation and investigation.
- Q. So have you ever referred a doctor to the medical board for overprescribing or for drug diversion?
- A. Our practice would be to report to the Board of Pharmacy. I don't know to what extent they would coordinate with the medical board.
- Q. Have any suspensions or prosecutions resulted from your reporting of particular physicians to -- we'll just stick to the state?

  MR. BADALA: Objection to form.
- A. I'm not aware, once we referred them, what the consequences of those investigations were.
- Q. So, to your knowledge, there have been no consequences; is that right?
  - MR. BADALA: Objection to form.
- A. -- be disappointed in that, but we referred them to the appropriate investigative agency; and as I mentioned earlier, the county

prosecutor has also participated in prosecutions of pill mill doctors and things like that as well.

- Q. But you don't know if there's been any result from your reporting of doctors to the medical board or the board of pharmacy, right?

  MR. BADALA: Objection to form.
- Outside the scope.

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- A. No, I don't.
- Q. Have there been other times when the county has suspected diversion that you haven't already described to me?
- A. As I mentioned, the diversion concerns that would be expressed with the Division of Child and Family Services in the course of custodial placement, investigation of children who were born with positive toxicology, my discussions with them were that they would report, again, instances to the Board of Pharmacy and that they would refer them, again, for investigation beyond their capacity.
- Q. So you've not made any reports, then, directly to any state agency other than the Board of Pharmacy; is that correct?

  MR. BADALA: Objection to form.

A. I cannot speak for the whole county, so I don't know where those referrals were from the Division of Child and Family Services -- the appropriate agency at the state level to receive those complaints, as the county understands it, is the Board of Pharmacy, but whether individuals made those referrals to other places, including the Board of Medicine, which would certainly be somebody overseeing medical practitioners' conduct, may have happened. I don't know for certain whether it did or did not.

- Q. Are you aware of any referrals to the dental board?
  - A. No, I am not.
- Q. Are you aware of any referrals to the nursing board?
  - A. No.

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I should back up with the dentists.

There are certain medical dentists, doctor of medical dentistry, and they may have been on our reports and I don't know about them, but specifically that I knew this was a dentist and we made a referral, that I can't say.

Q. Have you ever reported anything or

has the county ever reported anything to the veterinary medical licensing board?

A. Not that I know of.

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- Q. Has the county ever notified any of the Defendants of any suspected drug diversion?
- A. I mean, we've shared things, data, that the county has collected with folks like -- I know CVS Pharmacy has, you know, agreed to sell naloxone without a prescription. We would have made that effort to all of the pharmacies locally in response to the drug epidemic, which is an outgrowth of the diversion I think. So that would have been something.
- Q. My question is, have you ever reported --
- MR. BADALA: Were you done with your answer?
  - Q. I thought you were done. I'm sorry.

    MR. BADALA: Only if you're done.
- A. I think that, you know, those entities were probably the ones we had contact with. We did not, to the best of my knowledge, reach back to the manufacturers. I don't know to what extent the local task forces or anybody would have spoken to distributors. I do not

know that.

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- Q. Are you aware of any instance where the county reported a specific suspicion of drug diversion to any of the Defendants in this case?
- A. Seeing it from that perspective, I explained how we've been trying to kind of work with our pharmacies to address the overdose crisis. Those are people we have communicated with. To specifically address diversion at the county level to any of the Defendants, including those pharmacies, that would not have been something we would have done. I think we may have done that further upstream through pharmacy again, Board of Pharmacy.

We did -- I take that back, too.

One year we did -- for 2014 we tracked pharmacy data to see if there was specific pharmacies that were being identified as frequent sources or multiple sources of diversion. So if we used the same paradigm, it was kind of if we had five pharmacies that were being used by an individual within a one-year period, we did report that to the Board of Pharmacy in addition to the doctor shopper prescribers.

Q. Were there occasions when the county

Page 205 suspected diversion but made no report to 1 2. anyone? 3 MR. BADALA: Objection to form. I don't know. None that I know of. 4 Α. 5 Are there instances in which the 0. county is aware that drug diversion is occurring 6 7 and that it continues to occur today? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 I think we continue to run our OARRS reports at the medical examiner's office on our 11 12 decedents and we have, you know, continued to 13 find doctor shoppers up into, you know, recent 14 years. We, again, you know, make those referrals and tend to make those referrals. 15 16 I would say that, you know, the number of doctor 17 shoppers has not gone down to zero, so we're still aware of diversion and reporting it. 18 19 And one of the benefits, I would 20 say, of, you know, the evolution of our 21 prescription drug monitoring program, in 2.2 association with other states developing these 23 in response to diversion, is that we are now 24 able to identify people who can cross state 25 lines more easily to identify doctor shopping in

that capacity, so that if they were not necessarily doctor shopping in Cuyahoga County, we might be able to identify them through going to Pennsylvania or West Virginia or someplace like that.

- Q. When did the county first become aware that drug diversion was occurring within the county?
- You know, that's a hard question to answer because I think at some level drug diversion has gone on for a very long time. So, you know, there were people who would write prescriptions for codeine back in the 1970s during that heroin epidemic that I've been told about. There were, you know, diversions that were going on, you know, back in the 1980s per the prosecutor's discussion with me. I would say with regard to this crisis, we started back in the opioid prescription phase to track oxycodone in terms of mortality in the medical examiner, then coroner's office, back in 1998. So I would say, you know, diversion has a broad definition, and it probably has gone on for a very long time, whether somebody is giving somebody a pill because they complained of

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something. But diversion on the scale that we, you know -- it's getting that attention in the prosecutions, I would say the prosecutor related to me that their prosecution stepped up in the late 1990s and through the 2000s.

- Q. Is the county aware of diversion occurring outside the county that has an impact within the county?
- A. I would suspect that, you know, the pill mills and other places certainly have an impact. The fact that we see doctor shopping in jurisdictions outside of Cuyahoga County with individuals dying here I think would tend to indicate that there is a diversion problem outside of Cuyahoga County as well.
  - O. And where is that occurring?
  - A. Where is what occurring?
- Q. So if there's diversion occurring outside of Cuyahoga County, as you've described, that has an impact within the county, where is that diversion occurring?
- A. Well, the doctor shopping, as I mentioned, could be other counties. It could be, as I mentioned, recently other states that we've been able to look at. And the diversion

by its nature is somewhat clandestine, so may not be able to provide solid evidence of it, but I think there were suspicions where the pill mills were more prevalent in the southern part of the state, that they may have contributed to pills coming up to our county as well.

- Q. And what is the basis for what you just told me? In other words, what information are you relying on to describe this drug diversion occurring outside of the county?
- A. Primarily discussions with law enforcement who would have been present at task force meetings. They would be both local law enforcement, state law enforcement, state representatives, and including our, you know, federal partners with regards to diversion of drugs into our area. Again, I'd have to point back to the two task forces, the Board of Health one with Vince Caraffi and then the U.S. Attorneys with Steve Dettelbach and Carole Rendon.
- Q. Does the county keep any records or statistics of the source of diverted drugs that have an impact within the county?
  - A. I'm not sure I understand your

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question. Do they keep a record of diverted drugs that would produce overdoses, fatalities?

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Q. Sure. So let me ask it again.

You've described you've heard from law enforcement professionals in connection with task forces that drug diversion outside the county might be having an impact within the county. Does the county have any record of that happening? If I wanted to look for documents reflecting that dynamic, what would the county have, if anything?

MR. BADALA: Objection to form. Outside the scope.

- A. Well, it's probably more of a local law enforcement function, so the county wouldn't have those records individually. They would be a local law enforcement. That said, the sheriff's department provides local law enforcement for some of the smaller municipalities in our county and they may have that data. I am not aware of that.
- Q. Are you aware of any data tracking the source, the geographic source of diverted drugs that made their way into Cuyahoga County?

  MR. BADALA: Objection to form.

Outside the scope.

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- A. Am I aware -- sorry. I was looking out the window, but am I aware of --
- Q. Are you aware of any data which would reflect the geographic source of diverted drugs that have an impact within the county?

MR. BADALA: Same objections.

A. Well, sure. I mean, you know, more recently with the fentanyl epidemic, we were quite aware from medical examiner investigations that some of those, you know, drugs were coming from China. There were, you know, reports of individuals trafficking drugs from Mexico into this area along our interstates.

In terms of diverted drugs and the source there, you mean the opioid prescription pain medication. That I'm not as aware as -- having as clear identification of a source on that.

- Q. So the examples of drugs being imported from China and Mexico, those have to do with the illicit shipment of drugs, correct?
- A. Which the county would maintain is an extension of the opioid crisis. They are illicit drugs, yes.

Q. And so that does not fall within the definition of drug diversion, does it?

MR. BADALA: Objection to form.

- Q. You may think that they're related, but those are not diverted drugs, are they?
- A. Fentanyl is a Schedule 2 drug and it's being diverted into this country.
- Q. But our definition of drug diversion is when a drug leaves the closed supply chain for an illegitimate medical purpose. So illicit drugs, they're never within the closed supply chain; the use of illicit drugs is not drug diversion, is it?

MR. BADALA: Objection to form.

- A. No. I think the consequence of the opioid pain relievers creates this climate where we see a heroin crisis and a fentanyl crisis, though, so I don't think it's completely a stretch to go back and say that the diversion and overprescribing that was done prior to the crises is completely separate from the crisis we deal with now.
- Q. I understand your opinion on that.

  I'm not asking you now whether they're

  completely separate. What I'm asking is, is the

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Page 212 supply of illicit fentanyl from Mexico drug 1 diversion? 3 MR. BADALA: Objection to form. Asked and answered. 4 5 Within your definition of that closed chain, no. 6 7 And the same is true for illicit Ο. fentanyl from China, correct? 8 9 Within the closed chain, again, 10 that's true. 11 Do you have any information or 12 data -- does the county have any information or 13 data suggesting that diverted drugs from Florida 14 are making their way into Ohio? 15 It would be anecdotal, talking to 16 law enforcement. And I believe at the time I 17 had those conversations, Florida had not enacted 18 pill mill legislation, so our pill mill 19 legislation in Ohio came in 2011, and I think 20 there were adjacent states, including Florida, 21 who did not enact that legislation until later, 22 and it was again through discussions with law 23 enforcement that I was made aware, as a county 24 agent in the medical examiner's office, as with

the task forces which have county representation

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as well as other partners, that there were drugs that were being brought from other jurisdictions into Ohio and into Cuyahoga County.

- Q. And what has the county done to -if anything, to interdict that flow of drugs
  into the county?
- A. Those would be law enforcement things. I mean, we have, as a county, designed protocols for the investigation of drug-related deaths, and they were shared with local law enforcement as well as our sheriff for training, and we would basically instruct them -- I mean, it was developed in conjunction with law enforcement processing a death scene, which the medical examiner's office would notify them about, so that should these cases come to prosecution in the future, the evidence that would be needed to facilitate that would be more acceptable than if you were trying to start that investigation as much as months afterwards when the death was finally ruled.

In terms of other means of, you know, trying to minimize diversion, the county sheriff's office instituted a drug drop box program that would enable people who had

medications in their medicine cabinets, opioid pain relievers --

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- Q. Let me cut you off there, Doctor.

  The question was what has the county done to interdict drugs, the flow of drugs, from outside the county, and I think you've answered the question. Is there anything else you wanted to add to that?
- A. I would like to think that -- and it's your time and I really am very sensitive to that, but I'd like to say that, you know, that diversion out of the medicine cabinets that I was just mentioning about by reports that were more on a national level was a very significant problem. We introduced in Cuyahoga County, with the support of our sheriff, who was a county official, drug drop boxes, drug take-back --
- Q. Doctor, the question pending is, has the county done anything to interdict the flow, which the county is claiming, the flow of drugs from other states. If you finished answering, then I'll ask you another question.
- A. Oh, I thought you wanted me to go on about what I was talking about.
  - Q. I wanted you to answer the question.

Page 215 1 Α. Sure. 2. 0. Okay. Thank you. 3 Has the county dealt with law enforcement in other places like Florida to 4 5 interdict the flow of drugs into the county if the county is claiming that's happening? 6 7 Again, I would say a lot of that might be local law enforcement the county would 8 not be aware of. With regard to task forces and 10 federal partners, I would say that we are 11 sharing information through them, Department of 12 Justice, Drug Enforcement Agency, and I would 13 say that that would be a means of, you know, a 14 more global approach than just our region. 15 Let me ask you about the 16 investigation of drug diversion, and these 17 topics somewhat overlap, Doctor. 18 Which topic are we on? Α. 19 We're on topic 15, but again, O . 20 they're not so neatly contained. 21 Which county agency or agencies are 22 responsible for investigating drug diversion? Well, I think our sheriff, as a law 23 Α. enforcement agency, would do that, but primarily 24 the investigation of diversion would be local 2.5

Page 216 law enforcement. 1 Referring to the City of Cleveland, 2. 0. 3 right? Pardon me? 4 Α. 5 Referring to cities, right, when you Ο. say "local law enforcement"? 6 7 Cities, yeah. It would not be necessarily a county. But I have to stress the 8 9 county sheriff provides that service to some of 10 the smaller counties that otherwise could not 11 afford it. So they would do some investigation. 12 Investigation would also be done at the level of 13 the prosecutor's office, though that may be 14 significantly overlapping with local law enforcement. 15 16 Which county agency or agencies are 17 responsible for investigating the overprescription of opioid medicines? 18 19 MR. BADALA: Objection to form. 20 That would be a state function. Α. Ι 21 mean, the investigation of overprescribing would 2.2 be a Board of Pharmacy issue and we would report things there as we detected them for further 23 24 investigation, but beyond that, that would be 25 something that would have been more handled at a

state level -- or a federal level, I mean, if you know, there was some issue of that, and sharing information across multiple partners.

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- Q. Does the county collaborate with state or federal agencies in that effort?
- A. Our task forces have representation from local, county, state and federal level people, so we would be sharing that information.
- Q. Is that collaboration formalized in writing, in a memorandum of understanding or any other writing?

MR. BADALA: Objection to form.

- A. These committees were formed. I mean, the U.S. Attorney's committee keeps minutes, has monthly meetings, and would address these kinds of topics. We would share things like that. I had a personal meeting with Carole Rendon to discuss strategies about drug prosecutions and mixed intoxications. I mean, some of those things we have done. Some of them may not be documented as well.
- Q. So you've told me about the referrals that the county has made to state authorities. How many cases of drug diversion has the county itself investigated?

- A. That may be something the prosecutor could tell you better than I.
- Q. Do you know how many county investigations have resulted in disciplinary proceedings or criminal charges?

6 MR. BADALA: Objection to form.
7 Outside the scope.

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- A. I'd have to say, again, you know, the disciplinary process for pharmacies or prescribers would have occurred outside of the county's framework. It would be a state function.
- Q. But you mentioned the county prosecutors. I'll ask you again. Do you know how many county investigations have resulted in criminal charges?

MR. BADALA: Objection to form.

- A. I'd have to say again the county prosecutor is in a better position to answer that than I am.
- Q. Has there been diversion occurring that the county has not investigated?
- A. I guess there's diversions they don't know about.
  - Q. Other than not knowing, is there any

Page 219 1 reason the county hasn't investigated diversion more? 3 MR. BADALA: Objection to form. Not that I know of. 4 Α. 5 Has the county dedicated resources 0. specifically to the investigation of drug 6 7 diversion? Through the sheriff's office, again, 8 Α. 9 as a local law enforcement agency I'd have to 10 say, but again, a lot of these investigations do 11 not start at the county level. They start with 12 local law enforcement. 13 Ο. And are you aware of any local law 14 enforcement, including the county sheriff, 15 dedicating resources specifically to the 16 investigation of drug diversion? 17 MR. BADALA: Objection to form. 18 Outside the scope. 19 I don't know. I want to say that I 20 anecdotally heard that Cleveland -- the City of Cleveland had done that, but I don't know that 21 2.2 for certain. They had a narcotics unit, and I believe they were investigating diversion as 23 24 part of their duties, but it's outside the scope

of what I know for certain.

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- Q. And that's a local law enforcement function, not a county function, true?
- A. Exactly. Right. Cleveland is their biggest city, but it's not under the county's direction.
- Q. So how many cases related to the use of illegal opioids has the county investigated, including heroin and fentanyl?
- A. Tough question. I can tell you how many fatalities we've had. How many overdoses potentially --
  - O. I'm --

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- A. -- I couldn't give a specific answer because that's one of the challenges we faced, in terms of identifying impacts of illegal opioids, is if we try to track emergency room data, they're not always coded appropriately or they may be coded as something different. So I think that would be a very tough number to actually get in terms of the impact of illegal opioids and what might have been followed up on, what might not have. I don't know.
- Q. So the answer is in the end you don't know, right?
  - A. Give me your question again. I

Page 221 really feel like I'm not helping, but I want to. 1 2. How many cases relating to illegal 3 opioids, including heroin and fentanyl and carfentanil and others, has the county 4 5 investigated? MR. BADALA: Objection to form. 6 7 Outside the scope. I'd have to say I don't know and I 8 Α. don't know if it's knowable. 9 10 Do county agencies prescribe 0. 11 opioids? 12 MR. BADALA: Objection to form. 13 Outside the scope. 14 I know opioids are prescribed at the jail as part of the medical treatment. I 15 16 believe the jail is staffed by MetroHealth 17 Medical Center for care. Other than that, I don't know that they're prescribing opioids. 18 19 Do county-affiliated hospitals or 20 healthcare facilities prescribe opioids? 21 MR. BADALA: Same objections. 2.2 Α. Our county-affiliated hospital is the MetroHealth Medical Center, so it would be 23 24 the same one that services the jail. It's a

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large hospital. They would prescribe opioids

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Q. And has the county ever investigated diversion that might be occurring in connection with patients being treated by county representatives, either in the jail or at the hospital?

MR. BADALA: Objection to form. Outside the scope.

I do know that the MetroHealth Medical Center initiated an office of opioid safety, and one of the functions of that would be to investigate prescribing practices within the county hospital, within MetroHealth Medical Center, and then there would be a loop potentially closing back on individuals who were identified who might have been overprescribing or felt to be overprescribing outside of the basic, you know, metrics that they were using. I don't know what those metrics are, but there was definitely feedback in that office of opioid safety to the prescribers within that system, and they would be the prescribers in the jail as well because they oversee the jail -- healthcare service at the jail. They don't oversee the whole jail. And I think, you know, that office

Page 223 of opioid safety would also be overseeing those 1 2. physicians as well. Have there been any criminal charges 3 Ο. or disciplinary proceedings arising from that 4 5 investigation? I do not know. 6 Α. 7 Are you familiar with the ARCOS 0. database, Doctor? 8 9 Α. In a very general way. 10 Are you aware that ARCOS is a 0. 11 database through which distributors and 12 manufacturers report controlled substances 13 transactions to the DEA? 14 Α. Yes. 15 0. Have you ever -- has the county ever 16 had access to the ARCOS data? 17 No. I know recently the county's attorneys received information related to the 18 19 ARCOS database, but the county itself has no 20 direct access to that. 21 So you're aware that the county, 2.2 through its attorneys, was granted access to 23 ARCOS data in 2018, but the county itself has 24 not seen those data; is that what you're saying?

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That's -- that's correct.

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Α.

Q. Has the county ever asked for ARCOS data at any time?

MR. BADALA: Objection to form.

- A. In my discussion with the DEA representative, he said that that access would never have occurred, so I don't think we ever asked.
- Q. That conversation occurring last Friday, true?
- A. Yeah, but, you know, I sit on the task force with this fellow and he was certainly aware of their database, I was aware of it, and it was never volunteered because we could not access it.
  - Q. So you have interfaced with DEA?
  - A. Absolutely.

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Q. And during that time have you ever asked for access to ARCOS data?

MR. BADALA: Objection to form.

- A. I guess no because we knew we weren't going to get it.
- Q. Well -- but if the county is concerned with drug diversion and the abuse of drugs, wouldn't that information be useful to you?

Page 225 MR. BADALA: Objection to form. 1 2. Α. Absolutely. Yes, it would have been 3 very helpful. But you never asked DEA about it, 4 Q. 5 did you? Because we knew that we weren't 6 Α. 7 going to have -- or they never made it any clearer to us that it was not something we as a 8 9 county would have access to. They never offered, right? 10 Ο. 11 They never offered. Α. 12 And you never asked, right? Q. 13 MR. BADALA: Objection to form. 14 No. I quess because we just didn't Α. think that that was going to happen. 15 16 Are you familiar with the term 0. 17 "suspicious order report"? 18 Α. No. 19 Is the county familiar with the 20 requirements that DEA registrants have for 21 reporting suspicious orders of controlled 2.2 substances to the DEA? 23 In a general way, yes. Α. 24 0. Has the county ever seen a 25 suspicious order report?

- A. To the best of my knowledge, no.
- Q. Has the county ever asked DEA for information or access to suspicious order reports?
  - A. We have not, but again, my understanding is that that wouldn't be something that would be granted to the county, so we didn't ask.
    - Q. The answer is you didn't ask, true?
    - A. We did not ask.
  - Q. So if the county, again, was concerned or is concerned with diversion and abuse of controlled substances, wouldn't that information have been useful to the county?

    MR. BADALA: Objection to form.
    - A. Sure would have, yeah.
  - Q. Now, we've talked quite a lot already about the OARRS database, right?
    - A. Yes.

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- Q. Let me ask you flat out, Doctor.
- 21 What is the OARRS database?
- A. It's a prescription drug monitoring
  program that's operated at the state level, and
  in Ohio we call it OARRS. It has other names in
  different states.

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Page 227

The function of it is to provide a database of prescribed controlled substances.

The OARRS database was formed in 2006,
legislation I think enabled it in 2005, and then it became operational towards the end of 2006.

It was formed at least in response to Kentucky forming a prescription drug monitoring system and a concern that Kentucky residents were coming to Ohio, where we were not monitoring these things, for drug -- obtaining drugs.

So data started to be collected, and then, going forward, pharmacies would enter the data from prescribing information into OARRS, and then that could be accessed by prescribers, law enforcement, and I believe distributors at different levels, partly if there was an active investigation.

- Q. What do you base that understanding on, that the distributors had access to the OARRS data?
- A. It's my recollection of my conversation with the director of OARRS. Or maybe it was at a pharmacy level. I don't remember. I don't want to be dogmatic about that. I don't recall.

- Q. So you don't recall why you just said that distributors had access to OARRS data?
- A. Well, I was thinking distributor pharmacists, the pharmacies.

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- Q. Okay. I just wanted to clear that up.
  - A. Distributors -- I'd have to say I don't remember that detail.
  - Q. So the OARRS system has information on all outpatient prescriptions for controlled substances and other -- a few other drugs, right?
  - A. When it started, the data that was entered was from pharmacies, and then in 2011 there were requirements to enter data from medications that were being dispensed from prescriber's offices, so they wouldn't necessarily have gotten into a pharmacy.
  - Q. And then drug wholesalers were also required to submit information to the OARRS database, true?
- MR. BADALA: Objection to form.
- A. I'd have to say I believe so, but I
  don't remember. I know that it was pharmacy
  data.

- Q. OARRS has been a helpful tool in identifying drug diversion, right?
- A. I said it. So did the prosecutor. Yes, it has.
  - Q. Has the county ever used OARRS data?
- A. We've used it at the medical examiner's office extensively.
- Q. Let's start with that. So how has the medical examiner's office used OARRS data?
- We especially used it when we became Α. aware of the heroin crisis in our county, and what we were trying to do at that point was to see if what we were hearing anecdotally, that this represented a shift from the prescription pain medications to the illicit heroin was referable back to the prescribing practices of these individuals who had died of heroin overdose. So, as I said, we started to collect that data in a de-identified form in 2012. continued until we got full access in 2013, and we continue to collect the data and have that access with the idea of trying to stay relevant as our crisis evolves, so that -- now heroin, and we've evolved to fentanyl, and those still have very high rates of OARRS files being

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created. They've received prescription opioids.

- Q. So we've talked a little bit about that, the data analysis you've done. Is there any other use of OARRS data? For example, when you have a subject, a decedent, does the office do anything with OARRS data in connection with that decedent?
- A. I mean, you know, as I mentioned before, if we see multiple prescribers, we will start to alert investigative agencies about that.
- Q. Do you try to pull an OARRS file for every decedent, Doctor?
- A. We have tried to pull an OARRS file for every heroin overdose from 2012 forward and for every fentanyl overdose, and that started actually when the fentanyl part of the crisis got worse, which was 2015.
- Q. Let's look through some documents and try to nail down this a little bit, Doctor. I'm going to mark this as the next in order.

THE WITNESS: Would this be a good time for a break?

MR. BADALA: Yeah. We've been going about an hour. Let's take a five-minute break.

Page 231 MR. BORANIAN: Okay. 1 THE VIDEOGRAPHER: Off the record at 2. 3 2:33 p.m. (Recess had.) 4 5 THE VIDEOGRAPHER: Back on the record at 2:49 p.m. 6 7 BY MR. BORANIAN: Q. Dr. Gilson, you've made reference a 8 9 couple of times to a task force or task forces 10 11 There are two essentially in our Α. 12 county, yes. 13 Q. -- including one involving Attorney 14 Carole Rendon. Can you tell me who else is on 15 those two task forces? 16 We would be, the county, the medical 17 examiner's office. City of Cleveland would have 18 their public health -- or health department 19 individuals, as well as police department. The 20 County Board of Health would have representation 21 there, individuals from MetroHealth Medical 22 Center, Dr. Papp from Project DAWN. Cleveland Clinic would have a representative I'm certain. 23 24 There were individuals from the governor's office and the State Attorney General's office 25

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who were present. I can't say they were always at every meeting, but they certainly were represented there. Individuals from the treatment and recovery community sober houses and those individuals.

I'm sort of running around the table in my head who might be sitting there, and I may have overlooked somebody, but that's a good starting list, I would guess.

- Q. Have you covered both task forces you referred to?
- A. Thinking more of the U.S. Attorney's with Carole, but I would say there was a lot of overlap between the two, and that the health department was more Cuyahoga County, so the City of Cleveland's health department was not there. There would be presentations from different people, too, like community groups that were trying to address, you know, interventions, educational strategies. That would have been more likely at the Board of Health, but there were also, you know, individuals who were representing education at the U.S. Attorney's task force as well.
  - Q. Were there any private citizens as

members of either of those task forces?

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- A. I think the individuals in the recovery community were essentially there as private citizens. I mean, they were, you know, representing that viewpoint, which is very valuable to us. But in terms of just an at-large member from the county, that I don't think we had.
- Q. And I should have asked you this first, but can you please name for us the two task forces?
- A. I call them, and I hope this will be clear enough -- I don't know what their formal names are as I sit here, but the Cuyahoga County Board of Health task force, which was in the injury prevention program at the Board of Health. That's Vince Caraffi, who is the one that chaired that up until recently. He stepped down, and April Vince is in charge of that coordination now.

The second one was the U.S.

Attorney's task force, which I mentioned, and that was convened with Steve Dettelbach, who was our U.S. Attorney at the time it started, and he had called our summit at the Cleveland Clinic at

Page 234 the end of 2013. Steve Dettelbach was replaced 1 by Carole Rendon, who was our U.S. Attorney. 3 I think you've answered the 4 question, Doctor. 5 MR. BADALA: Were you done answering 6 the question? 7 The question was what were the two 0. task forces, and you've now named two task 8 9 forces. 10 Α. Oh, okay. 11 12 (Thereupon, Gilson Deposition 13 Exhibit 9, E-Mail String, Beginning 14 Bates Number CUYAH\_001709118 -Marked Confidential, was marked for 15 16 purposes of identification.) 17 18 Let me direct your attention to Q. 19 Exhibit 9, Dr. Gilson. Is this an e-mail 20 exchange in February 2013 between you and 21 someone named Rose and an attorney at the Board 22 of Pharmacy named Danna Droz? 23 Α. Yes. 24 If you go to the second page on the 25 back of the document there, Danna Droz writes in

Page 235 the second paragraph, "In talking with 1 2. Dr. Gilson, he wants to obtain data on persons 3 who died sometime in the past for research purposes. His right to obtain identified data 4 5 is limited to persons with whom he is currently 6 involved. So he may request an OARRS report 7 during the process of an autopsy or death investigation. He cannot request retrospective 8 9 data even though he could have requested it at 10 the time of death." 11 Is that what it says, Doctor? 12 That's my understanding of it, yes. Α. 13 Could I finish reading it just for a second? 14 Are you finished, Doctor? 0. 15 Α. Give me just a second. 16 Just look at me when you're done. 0. 17 Α. Okay. 18 So in February of 2013 you had 19 access to OARRS for any subject that was 20 currently under investigation in your office, 21 true? 2.2 Α. That's what this reads, yes. 23 And that was true even before 2013, 0. 24 right; that is, you had access to OARRS reports 2.5 for individuals who you were investigating in

Page 236 your office, true? 1 2. We had aggregate data that was 3 supplied by the Board of Pharmacy through OARRS for 2012. We were not granted full access to 4 5 that data. Well, did you -- I'm not asking 6 Ο. 7 about full access to aggregated data. I'm asking about access to an OARRS report for a 8 9 subject being investigated in the medical 10 examiner's office. You had access to those 11 reports for the individuals you were 12 investigating even prior to 2013, right? 13 MR. BADALA: Objection to form. 14 Α. We had incomplete access to those individuals. 15 16 If an individual died in 2010 and 17 was under investigation in your office, you had 18 access to that individual's OARRS report, true? 19 MR. BADALA: Objection to form. 20 Again, I would say not the full Α. 21 report, but we had access to some of their OARRS 22 report, yes. 23 You had access to that individual's prescription history, right? 24

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MR. BADALA: Objection to form.

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- A. We had access to the prescription history, but not to the prescriber information, yes.
- Q. And that's true since the inception of OARRS in 2006, you had that particular access, right?

MR. BADALA: Objection to form.

- A. I requested access to OARRS. I don't believe the agency, the coroner's office, had that access. I don't know that they pursued it or if they were even aware of it. I became aware of it and that's when I started to pursue it.
- Q. Whether the office was aware of it prior to 2012, the office could have requested and could have received an OARRS report for an individual it was investigating as early as inception of the program, true?

MR. BADALA: Objection to form.

- A. I can't answer that because I had a lot of difficulty myself obtaining that access.
- Q. Well, when you asked for access, they told you that you can have access for an individual during the process of an autopsy, right? That's what they told you, right?

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A. That's what this says here, but --

Q. And that access was available to you since the inception of the program, you just never asked, right?

MR. BADALA: Objection to form.

A. I was obtaining this, you know, trying to reach out to get this for a period of time before this and not getting a lot of headway with it.

actually created a special designation based on discussions that we were having around this for coroners and medical examiners to guarantee they would have access. A lot of the coroners in Ohio are elected physicians who are not trained, like me, to be death investigators, so they could access OARRS through their own DEA license because they were prescribers. I could not because I did not have a DEA license, and as I tried to go into this to obtain the access, my recollection, as the medical examiner, an agent of the county, was that that was difficult because I was not treating people with opioids.

Q. You keep saying when you obtained access, Doctor. As a matter of fact, the

medical examiner's office has always had access to OARRS and to an OARRS report, including prescribing history, for as long as OARRS has been in inception; is that right?

MR. BADALA: Objection to form.

- Q. You may not have had access to retrospective de-identified data before you asked in 2013, but, like we said, in 2010 or 2008, if you had a subject you were investigating, you could get that person's prescription history, true?
  - MR. BADALA: Objection to form.
- A. I don't think that was actually my experience in 2011 when I started the process.
  - Q. Did you ask before 2013?
- A. Yes, I did.

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- Q. What did you ask for before 2013?
- A. I wanted access to the OARRS database to see if we could establish the relationship between the 2000 -- pardon me, the heroin epidemic and the prescribing practices of those decedents before they died.
- Q. And had you ever -- before placing that request in 2012, had you ever requested an OARRS report for an individual you were

Page 240 1 investigating? MR. BADALA: Objection to form. 3 Α. No. So you mentioned, Doctor, that you 4 Ο. 5 had eventually received de-identified data? 6 Α. Yes, I did. 7 (Thereupon, Gilson Deposition 8 Exhibit 10, Article Entitled "The 9 10 Cuyahoga County Heroin Epidemic, " 1 1 was marked for purposes of 12 identification.) 13 And let me show you Exhibit 10, 14 Ο. 15 which is an article you published in 2014, and 16 this article describes de-identified data --17 analysis of de-identified data for 2012 18 fatalities; is that right? 19 What page are you at? Α. 20 Just take a look at the abstract. Ο. 21 It says in the third paragraph, "The medical 2.2 examiner's office conducted a retrospective 23 analysis of 2012 fatalities to identify 24 potential risk factors and intervention points." 2.5 That's the de-identified data you received from

Page 241 OARRS, true? 1 2. Α. The OARRS data is part of that. We 3 were identifying a lot of different things in terms of what we were looking at here to try to 4 5 see if we could identify intervention points. 6 The OARRS data at that time, as I say, was 7 de-identified and incomplete, but we mentioned it as much as it was helpful and relevant to the 8 9 investigation, retrospective investigation of 10 these fatalities. 11 So Exhibit 10 is an article that you Ο. 12 published, right? 13 Α. Yes, it is. 14 And it's titled "The Cuyahoga County Ο. 15 Heroin Epidemic, "right? 16 Yes, it is. Α. 17 This article reports on your 18 analysis of 161 heroin-related deaths in 2012, 19 true? 20 Yes. We actually excluded one of Α. 21 them because it was a stillborn and our feeling 22 was that that really wasn't relevant to the 23 population we wanted to look at. 24 Ο. And one of the observations that you made was that a prescription for legal 25

Page 242 controlled substances was noted in 64 percent of 1 2. deaths associated with heroin, true? What page are you on? It sounds 3 Α. familiar to me. 4 5 The abstract, the beginning of the 0. 6 abstract. 7 I'm sorry. Yes, that's right. And that's based on that 8 0. 9 de-identified 2012 OARRS data, right? 10 Α. Yes. 11 Now, I've seen this number 64 Ο. 12 percent in other documents that relate to you 13 and your office. When we see that number, 64 14 percent who had a prescription for legal 15 controlled substances, that number comes from 16 the analysis of the 2012 de-identified OARRS 17 data, right? 18 Α. Yes. 19 Now, once you started taking 20 advantage of your access to OARRS in 2013, did 21 you start gathering data prospectively for 2.2 individuals who the office was investigating? 23 We would, in the death review Α. 24 committee, wait a period of a few months for

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final certification of deaths, and while we were

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Page 243 doing that process, we would collect an OARRS 1 2. file on them. So, in that sense, it's 3 retrospective, we're looking back at their prescription history. 4 5 Okay. Fair enough. Prospectively we're recruiting 6 7 people, but we're looking retrospectively at their prescription histories. 8 9 My question is, going forward from 10 2013, you were collecting OARRS reports for each 1 1 of your subjects, right? 12 Right. And at that time, around 1.3 mid-year, we did get the final access to the prescribers in addition to the drugs that were 14 15 being prescribed. 16 And have you collected that 17 information from OARRS for each of your subjects 18 since 2013 up until today? 19 We're trying. As I said before, you 20 know, just the burden of the extent of the 21 crisis, we have fallen behind on that, so we 2.2 have --And --23 Ο. 24 If I could finish. Α. 25 Q. Sure.

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A. We have collected and analyzed data on heroin overdoses through 2016. We recently got a grant for an employee to finish up the work on additional OARRS examination, and we started to look retrospectively at the fentanyl overdose data in 2016, when it became a substantially larger problem.

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(Thereupon, Gilson Deposition Exhibit 11, Document Entitled "Overdose Deaths in Cuyahoga County," Beginning Bates Number CUYAH\_001397330, was marked for purposes of identification.)

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Q. This is Exhibit 11, Dr. Gilson. And this cover sheet is merely to note the Bates number, which is Cuyahoga 001397330. The document starts on the second page, Doctor. And this appears to be a set of slides with your name on the first page.

Doctor, what is this document?

A. It looks like a -- I don't remember which talk it was, but a talk I put together to -- I don't know who the audience was for it.

I didn't specify. A talk of mine, though.

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Q. I'm trying to figure out when you did this. It might help to look at the fifth page of the presentation. There's a chart there that reflects some 2014 data. So would it be fair to date this in 2015?

MR. BADALA: Objection to form.

- A. Probably, yes. I would not put it any earlier than 2014, and it looks like we have completed data for 2014, so I would say it was into 2015, because you wouldn't have had that data until actually 2015.
- Q. If you go to the eighth page of the presentation, that's entitled "Heroin Epidemic."

  It looks like that, Doctor (indicating).
  - A. Let me just get there.
    Okay.
- Q. It refers to a 2012 retrospective review, and that's the same review that we just went over in Exhibit 10, the article you wrote, right?
- A. This is the review that we did at the medical examiner's office using only our data, and we did not have primary sources of information. That would have been in the 2013

review. So this paper mentions some things from 2013, but I think the gist of the bulk of it is about the 2012 review that we did in the office.

- Q. The paper referring to Exhibit 10, right?
  - A. Exhibit 10, yes.

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O. Okay. Fair enough.

The next bullet point there under the Heroin Epidemic title is "2013 prospective review of heroin mortality done with ME staff," et cetera, et cetera, right?

A. Right. We assembled people within the room at the ME's office in a committee that I called together to review that data, and the goal was -- for example, in law enforcement we had the sheriffs there, a county officer. He had a representative who could provide information to us, partly on arrests but mostly on incarceration data, because what we were trying to do in this was to identify intervention points, and one of the risk factors for fatal overdose was somebody who was coming out of incarceration or a treatment facility. So that was kind of the makeup of this.

Q. So if you go to the next page, we're

Page 247 talking about a set of 194 overdose fatalities, 1 right? 3 Α. Right. And that's 2013, right? 4 0. 5 Α. Right. 6 Ο. And then if you go three more pages, 7 it says, "PDR Findings." It looks like that (indicating). 8 9 A. Yes. 10 It says here 73 percent of heroin 11 overdose victims had a file with OARRS, right? 12 Right. About three-fourths. Α. 13 Ο. Now, we've also seen that number, 73 14 percent, in other documents associated with you 15 or your office. And when we see that, 73 16 percent of heroin overdoses who had an OARRS 17 file, that refers to this 2013 data set, right? 18 Α. Right. 19 MR. BORANIAN: I'm told the phone 20 isn't working. I'm not sure what to do about 21 that. 2.2 MR. GALLUCCI: I think that's 23 probably from before when we heard it right 24 before we took a break. 2.5 MR. BORANIAN: Okay. Let's take a

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Page 248
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    break, but if you could indulge me, don't go
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    away, Doctor.
                 THE VIDEOGRAPHER: Off the record at
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    3:09 p.m.
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                    (Short recess had.)
                 THE VIDEOGRAPHER: Back on the
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    record at 3:10 p.m.
    BY MR. BORANIAN:
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           Q. This is Exhibit 12. Oops. I marked
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    the wrong one. Hang on.
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                 (Thereupon, Gilson Deposition
13
                 Exhibit 12, Document Entitled
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                 "Opioid Crisis Response: Examining
15
                 Overdose Deaths at Cuyahoga County
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                 Medical Examiner's Office, " with
17
                 Attached Sheet Bates Numbered
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                 CUYAH_001684555 - Marked
19
                 Confidential, was marked for
20
                 purposes of identification.)
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           Ο.
                 This is Exhibit 12, Dr. Gilson.
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    This appears to be a presentation, or maybe a
24
    poster, with your name on it, along with
    Dr. Deo. Can you tell us what this is, Doctor?
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- A. I'm not completely certain, but I think this was a poster that Dr. Deo, who is a student at the Case Western School of Public Health, produced based on research he was doing at our office.
- Q. So it's entitled "Opioid Crisis
  Response: Examining Overdose Deaths at Cuyahoga
  County Medical Examiner's Office," with a Bates
  number noted on the second page as 001684555,
  and if you look over at the far right column,
  Doctor, it says, "OARRS Data, Fentanyl Overdose
  Deaths February 2017," right?
  - A. Right.
- Q. Is this part of the analysis of fentanyl deaths in connection with OARRS that you've described before?
  - A. Yes.

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- Q. It says, "55 fentanyl overdose deaths in February 2017," right?
- A. That was one of the worst months in Cuyahoga County, yes.
  - Q. And the fourth bullet point says that 41 out of 55 had an OARRS file, right?
- A. That's correct.
  - Q. That's about 80 percent, right?

Page 250 1 Α. Yes. Now, you've mentioned earlier in the 2. 0. deposition that same number, 80 percent. 3 this the source for your citation of the 80 4 5 percent figure? 6 Α. No. 7 Has the medical examiner's 0. Okay. office done any analysis of fentanyl overdose 8 9 deaths other than what's represented here on 10 Exhibit 12? 11 Yes, we have. Α. 12 What is the source of your stated 0. 13 opinion that 80 percent of fentanyl deaths have 14 a history of prescription medication? 15 It's this information. I thought 16 you said 80 percent of our opioid deaths, heroin 17 deaths. 18 Maybe I misspoke. I'm sorry, Ο. 19 Doctor. I haven't looked at the transcript, but 20 I think you said earlier today that 80 percent 21 of fentanyl deaths have a recent history or a 2.2 history of a prescription drug prescription, 23 right?

that approximately 80 percent of the heroin

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No.

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What I said earlier today was

overdose deaths that we had in that phase of the crisis had an OARRS file, and that was the 73 percent that I'm referencing here.

- Q. Okay. So that's where I'm confused then. Okay. So what I was seeing for heroin deaths is 64 percent based on the 2012 retrospective data.
  - A. Sure.

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- Q. I have seen 73 percent based on the 194 cases in 2013. Doctor, where do you get 80 percent of heroin-related deaths have an OARRS file?
  - A. Sure.

My estimate, if I might say, is that we estimated approximately 80 percent of the heroin overdose victims had a history of receiving prescription pain relievers. I take that from this data, the 73 percent. And I'm not parsing that for, you know, this is closer to what I want.

The 2012 data, where the 66 percent came from, was actually limited in the time of look-back because we had delay in getting access to OARRS to do the look-back. So some of the look-backs we did on heroin overdoses in 2012

were as short as six months and, at the longest, 18 months. So I thought that number -- and this was one of the reasons I wanted to continue to collect the data -- was potentially an underestimate.

When I saw this number, this still actually represents, to some extent, a, you know, initial period look-back of about two years for virtually all of these cases in 2013. That was a better look-back period.

- Q. Let me stop you there. When you say "this number," which number?
  - A. 73 percent.

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- O. Okay. Continue.
- A. Is better data, and that's really what we were striving to get to see if we could tie the heroin crisis back to opioid pain relievers.

At the time we were collecting this data, there was really very little, other than anecdotal reports, to say this heroin phase of the crisis represented a transition.

In 2013 substance abuse and mental health services published a bulletin, where they had gone back and talked to actual heroin users

and said, "How did you get started abusing opioids," and that number was 79.5 percent, 80 percent of those addicts said I started using opioid pain relievers. And when they looked the other direction, most of the people who were abusing opioid pain relievers said no, I never started with heroin, I'm abusing this substance.

So when I saw that number in conjunction with this -- and this is again as more data is becoming involved -- that's where I draw that number of about 80 percent of our addicted population come from that transition. I can't talk to the people after they died to ask them how did you get started, but somebody did that, we didn't duplicate that effort, but we used this data as a support to that to say, listen, almost 80 percent of our overdoses have been using prescription opioids, some of them with very long track records and, in fact, you know, that number is very close to what's being quoted from the interviews with the living individuals who are abusing heroin currently.

- Q. The 80 percent, then, comes from a bulletin that you read, right?
  - A. From the substance abuse and mental

Page 254 health services. 1 2. 0. Have you reviewed the data upon which they base that bulletin? 3 Yes, I did. 4 Α. 5 And what form did that data take? 0. They're interviewing heroin addicts, 6 current heroin addicts, with the question that I 7 said, you know, how did you get started abusing 8 9 opioids, and 80 percent, 79.5 percent said that 10 they had started abusing prescription medications. 11 12 Did those interviews take into 13 account whether those individuals had a 14 prescription for the opioid that they say they initiated with? 15 16 They talked about non-medical pain 17 reliever use. I do not know that I remember 18 enough detail to say whether they had, in fact, 19 obtained those legally or by diversion. 20 So you can't tell from those data Ο. 21 whether the use of prescription opioids was

legal or illegal for that population, true?

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I don't remember exactly the -- what Α. that metric was.

The other thing I wanted to add --

Page 255 1 They didn't ask about that in their survey, did they? 2. Pardon? 3 Α. MR. BADALA: Were you done? 4 5 They didn't ask about that in their 0. 6 survey, did they? 7 Α. Could I finish the previous thought, though? 8 9 0. Sure. 10 The other thing I wanted to add Α. 11 about that study is they did a ten-year 12 look-back. Basically they wouldn't trust the 13 addict's memory beyond ten years, so they were 14 looking back further than we were with our data. 15 So I thought that might have explained some of 16 the smaller discrepancy, the 73 percent versus 17 the 79 percent, but statistically they were very 18 close. 19 In what form was that data provided 0. 20 to you? 21 What data was that? Α. 2.2 The data that supported the bulletin Ο. that you reviewed. You said you reviewed the 23 24 data. In what form was it? 2.5 I reviewed the bulletin. I didn't Α.

Page 256 go back to review the original research data. I 1 didn't understand you if that was what you were 3 saying. Q. Okay. My question was if you had 4 5 reviewed the data, so I'll ask again. Did you review the original research 6 7 data for that bulletin? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 No. I reviewed the bulletin and the 11 methods that were spelled out in it. 12 MR. BADALA: Do you have to take a 13 break or anything? 14 THE WITNESS: Sure. Okay. 15 MR. BADALA: Why don't we take a 16 five-minute break. 17 THE VIDEOGRAPHER: Off the record at 18 3:19 p.m. 19 (Recess had.) 20 THE VIDEOGRAPHER: Back on the 21 record at 3:26 p.m. 2.2 BY MR. BORANIAN: 23 So, Dr. Gilson, we've been Q. 24 discussing the investigation of diversion and 25 overprescription and the use of the OARRS

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database. Has the county made any other uses of the OARRS database beyond what we've already discussed?

MR. BADALA: Objection to form.

- Q. Not just your office, the whole county.
- A. We're obviously sharing our data at these task forces, including the data that we've gleaned from OARRS -- by "we" in this case, I'm putting on my medical examiner hat -- and impacts that could have on law enforcement, prosecutions, things like that. I can't necessarily quantitate, but the collaborative effort that we created I think with this data and pointing it back towards opioid pain relievers I think is kind of a ripple effect of using the OARRS system.

Specifics in terms of using the OARRS system, I'm aware some jurisdictions use it to identify doctors to sign death certificates. We have not done that.

Q. Do you know who the OARRS registrants are within the county, people who actually have an OARRS access set of credentials?

- A. Within the county itself?
- 2 O. Yes.

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- A. As county representatives or just the whole county?
  - Q. As representatives of the county, for example, the sheriff's office or protective services or the medical examiner.
  - I would know that the physicians at Α. the county hospital would all have OARRS access because that was actually part of an initiative in 2015, to have all of the medical practitioners have access to OARRS, and then I think the pharmacists are similar, that they have to have access, so I would think pharmacy personnel at our county hospital would have that; jail, by extension, as we covered that, would have access. And we in the medical examiner's office. The sheriff, unless it's through a law enforcement, which I'm not aware of -- I don't know if they do or do not. Other law enforcement agencies I believe do, but they're not county representatives.
  - Q. Does the county sheriff ever directly access the OARRS database?
    - A. I do not know. I don't know. As I

Page 259 1 said, they have access. They can have access through law enforcement. 3 So other than your office, are you aware of any other county office that makes 4 5 direct access to the OARRS database? 6 Oh, I'm sorry if I wasn't clear. 7 The county hospital has to have that access with its practitioners and its pharmacy. 8 9 0. Anyone else? Any other agencies? 10 Can I look at the org chart? Α. 11 can't see anybody here I could say with 12 certainty has access. 13 0. Is there any database or central 14 file system for cases investigating drug diversion? 15 16 MR. BADALA: Objection to form. 17 At the county level or --Α. 18 Yes. 0. 19 Unless it's in the county Α. 20 prosecutor's office, I'm not aware of one. 21 know they have a unit who would be investigating 2.2 cases for prosecution, but otherwise, most of the investigation of diversion and things like 23 24 that I think would be at a state level. 2.5 Is there any central database or Q.

file system for county investigations of overprescribing of medicine?

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- A. Again, at our county hospital, with the office of opioid affairs that was opened, they review prescribing practices with opioid pain relievers with the idea of addressing apparent overprescribing with practitioners that they identify.
- Q. When a physician is under investigation for participating in illegal diversion, does the county take steps to stop the behavior during the investigation?
- A. Are we talking -- I'm a little confused -- pill mill scenario or something like that or --
- Q. Yeah, any doctor under investigation, whether a county employee or someone running a pill mill, someone running a pain clinic. If that doctor is under investigation, does the county take any steps to stop the illegal activity while the investigation is going on?
- A. I mean, ultimately they would arrest them, I guess, if they were founded in the evidence collection period. I guess until you

really know that it's a crime --

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- Q. Short of arresting somebody, is anything done to stop the behavior that is under investigation?
- A. If I can go back to the county hospital, the example with the office of opioid affairs there, yes, they are liaisoned with -- through the medical staff and the practices are described. And I don't think it's an immediate you're doing the wrong thing so much as they require an explanation, and if that explanation isn't satisfactory, then they're remediated to, you know, prescribing practices, maybe reacquaintance with CDC prescribing guidelines from 2016 or something like that as a basis.
- Q. Now, Doctor, I'm also going to ask you about topic number 27, which is "Knowledge of and access to data concerning prescription opioid manufacturing, prescribing, distribution, or dispensing." We've already gone through ARCOS and OARRS and a few others. I'm not going to repeat that.

So here's my question, Doctor: Are there other databases that the county could use to gain information about the manufacturing,

prescribing, distribution or dispensing of opioids?

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A. I just want to say, for clarity, we do not have access to the ARCOS database, so we could not access that.

And then OARRS is really the best access that I know of we have for data concerning at least dispensing and distribution.

Manufacture, we don't have any independent access to that. And prescribing obviously does come through the OARRS database.

- Q. Do you have any access to any databases from the Department of Health?
- A. We are in task forces with the Department of Health, and if I understand, county department of health or state department of health, city department of health?
- Q. Well, I was referring to the state department of health, so let's start with that. Do they have any databases that you have access to regarding the manufacture and distribution, dispensing, et cetera, of opioids?
- A. I don't know where the Board of

  Pharmacy sits, if that sits in the Department of

  Health, but we maintain that relationship with

Page 263 Department of Health through our task forces. I 1 don't have any databases I could steer you 3 towards about those topics. I'm going to mark this as the next 4 5 exhibit, which is number 12. And this is a relatively long one, Doctor, but my question is 6 going to be specific. This is a document that 7 8 appears to have -- we're at 13. 9 10 (Thereupon, Gilson Deposition 1 1 Exhibit 13, Document Entitled "Ohio 12 Department of Health, Ohio's 13 Prescription Drug Overdose Epidemic: 14 Epidemiology, Contributing Factors 15 and Ongoing Prevention Efforts," 16 Beginning Bates Number 17 CUYAH\_001547662 - Marked 18 Confidential, was marked for 19 purposes of identification.) 20 21 MR. BORANIAN: Can you mark that 2.2 number 13, Doctor, or Sal? Thanks. 23 2.4 This is a document that's Bates Ο. 2.5 label is 001547662. It's dated April 17, 2014

Page 264 and it's authored purportedly by the Ohio 1 Department of Health. It has a number of 2. 3 statistics and bullet points in it. On page 12, for example, it has numbers for unintentional 4 5 drug overdoses. On pages 30, 31 and 32 there's some statistics purporting to identify how this 6 7 occurred. The document is entitled "Ohio's Prescription Drug Overdose Epidemic." 8 9 My question is, do you know where 10 these data came from? There's a lot of data in this. 11 12 Could you be a little more specific? 13 0. Well, let's start with the chart 14 that I identified, the one on page 12, unintentional drug overdoses. Do you know where 15 16 these data came from? 17 MR. BADALA: Objection to form. 18 Outside the scope. 19 They list their data sources at the 20 bottom of the page. 21 Okay. And so does the county have 2.2 access to these same data sources? I don't know if we have access to 23 Α. 24 the Wonder data, or if that's pushed downward towards state departments of health. That's a 25

Page 265 CDC function and they tend to collaborate more 1 2. with state departments of health. I don't think 3 there would have been any impediment to us necessarily getting that from the Department of 4 5 Health, but it might not have come directly to The Office of Vital Statistics we 6 7 contribute towards. And, again, that information gets tabulated. It takes a very 8 9 long time, though, for death certificate data to 10 get tabulated just because of an inherent lag 11 that can be sometimes up to two years behind 12 real time. 13 0. So the Office of Vital Statistics is 14 listed as a source on many of these slides. 15 Just to clarify, does the county have access --16 I know you contribute to that database, but does 17 the county have access to that database? 18 MR. BADALA: Objection to form. To search that database? 19 Α. 20 Yes. Q. I don't know. I certainly would see 21 no reason we couldn't query the Ohio Department 22 of Health for that. 23 24 O. Are you familiar with SAMHSA data, S-A-M-H-S-A, data? 25

- A. I had mentioned SAMHSA earlier, yes.
- Q. What is that data?

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- A. That's the Substance Abuse and Mental Health Services Administration. That's a federal entity that pretty much tracks what its name says, substance abuse and mental health services.
- Q. Does the county have access to that data?
- 10 MR. BADALA: Objection to form.
  - A. Through their publications. I don't know -- again, I don't know if we have direct access to their data or if we rely on their publications and data that they might push down toward the Department of Health. A lot of times the federal data comes down to the Department of Health, not down to our county level.
  - Q. Does the county have access to the child and protective service database that the state runs known as SACWIS, S-A-C-W-I-S?
    - A. Which page are we on?
    - Q. We're on data.
- A. Which topic?
- Q. Let me read it to you. "Plaintiff's
- 25 knowledge of and access to data concerning

Page 267 prescription opioid manufacturing, prescribing, 1 2. distribution, or dispensing." And we're talking about child and 3 Α. family service data from the state? 4 5 Yes. 0. I don't know if we have access to 6 Α. 7 that data. Do you have access to any law 8 0. 9 enforcement databases, such as the LERMs database for the City of Cleveland? 10 11 MR. BADALA: Objection to form. 12 Outside the scope. 13 As a county, the sheriff has access 14 to law enforcement databases; as an entity, law 15 enforcement within the county. 16 You have access to the medical 17 examiner office's data, true? 18 Α. Yes, I would hope so. 19 Do you have access to data from 20 other jurisdictions, such as the federal government, other than ARCOS, states, cities or 21 2.2 counties? 23 MR. BADALA: Objection to form. 24 Outside the scope. 2.5 Both informally and by participation Α.

Page 268 in national efforts. Informally I've certainly 1 2. reached out to colleagues in different areas, 3 Summit County being one; the New England states, where I spent a decent part of my career; New 4 5 York City; participation in national organizations around prescription drug 6 7 monitoring. I've presented at two of those meetings in 2017 and 2018 as they were trying to 8 9 kind of formulate policies, best policies. I 10 kind of left both meetings with Mr. Garner, the director of OARRS, thinking we had it probably 11 12 better than a lot of other states. 13 So I'm aware of efforts by other 14 states, if that's answering your question. 15 Is the county aware of any data 16 concerning the manufacturing, prescribing, 17 distribution or dispensing of opioids other than what we've already discussed? 18 19 To the best of my knowledge, I've Α. 20 covered everything I think I can. 21 Okay. Does the county have access 2.2 to any additional data that we haven't already discussed? 23 24 MR. BADALA: Objection to form. 2.5 Let me just read the topic. Α.

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I mean, in participation in national meetings and other things like that, I would become aware of opioid prescribing and, you know, mortality as it impacted other areas in the country, and colleagues, as I said, from previous jurisdictions where I've worked or just know, and I've had discussions with them along those lines.

- Q. Do some of the Defendants in this lawsuit submit data to the ARCOS database?

  MR. BADALA: Objection to form.

  Outside the scope.
- A. I believe that the distributors are required to submit data to the ARCOS database and to monitor potentially suspicious activity with distribution. That's my very cursory knowledge of the ARCOS database.
- Q. Does any Defendant have access to data, to ARCOS data, other than what it itself submitted?
- MR. BADALA: Objection to form.
  Outside the scope.
  - A. I honestly don't know.
- Q. Do some of the Defendants in this case submit data to ARCOS?

Page 270 1 MR. BADALA: Objection to form. 2 Outside the scope. 3 As I understand the ARCOS system, Α. and again, I wouldn't say I or the county would 4 5 be expert in that given that we have no access, my understanding of how that database works 6 7 is --I was asking about OARRS. Did I say 8 0. 9 ARCOS? 10 Α. You said ARCOS. 11 Strike that. 0. 12 MR. BADALA: I think you keep mixing 13 them up. 14 MR. BORANIAN: No. Just that one 15 time. 16 Do some of the Defendants in this 0. 17 case submit data to OARRS? 18 MR. BADALA: Same objection. 19 I think the pharmacies that I see Α. 20 listed as Defendants would be submitting data to 21 OARRS. We previously talked about the 2.2 distributors, and I don't know to what extent 23 they're required to submit information to OARRS. 24 I just honestly don't know that. I'd have to 25 check that. But the pharmacies are the source

Page 271 of the information for a lot of the OARRS 1 database. 3 Does any Defendant in this case have access to data other than what it submitted to 4 5 OARRS? MR. BADALA: Objection to form. 6 7 Outside the scope. I'm sorry. That's a question that's 8 Α. 9 just broad. Do they have access to what kind of 10 data. 11 O. So, for example, if my client is a 12 distributor. It submits wholesale data to 13 OARRS. Does my client have access to any data in OARRS other than what itself submitted? 14 15 MR. BADALA: Objection to form. 16 I do not know what kind of access 17 the distributors have if they submit data to 18 OARRS. I'd have to say that's something the state would be better to answer than I. 19 20 Okay. Fair enough. Q. 21 To your knowledge, distributors like 2.2 my client don't have access to OARRS like you 23 do, true? 24 MR. BADALA: Objection to form. 2.5 We have a specialized medical Α.

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examiner/coroner access, which no, you would not have. What we can pull out of OARRS with that access, I don't know how that would relate, just not knowing what sort of access the wholesalers or the distributors would have to OARRS.

Q. Do any of the Defendants in this case have access to suspicious order reports submitted by other entities?

MR. BADALA: Objection to form.

- A. The suspicious order report, as I understand it, is a DEA reporting about quantity of drugs that were put into an area that seemed excessive. That's my understanding of it. And I don't know that any entity in the county has access to those.
- Q. Do Defendants have access to those --
  - A. Oh, do the Defendants?
- Q. -- other than the ones that they themselves submitted?
  - A. I don't know the workings of that system.
- Q. Do Defendants have access to any of the other databases we've reviewed today?
  - A. I don't know.

Page 273 MR. BADALA: Objection to form. 1 2. Α. I honestly just don't know. 3 Doctor, topic 28 is "The policies Q. regarding the Ohio Board of Pharmacy's OARRS 4 5 database." 6 Doctor, what policies -- let's start 7 with written policies. What written policies does the county have relating to the OARRS 8 database? 10 Α. The OARRS is a state database. I 11 don't know that we have any specific county 12 policies regarding it. The county hospital, as 13 I mentioned, would have to have its 14 practitioners registered with OARRS, and to 15 check under specific circumstances for 16 prescribing pain medication, so any prescription 17 lasting over seven days, any continued pain 18 medication therapy that would extend beyond 90 19 days has to be revisited every 90 days. And 20 that would apply, again, to the medical services 21 provided in the jail. 2.2 Ο. Those are state regulations, right? Right. I mean, we have to comply at 23 Α.

Q. And OARRS is now mandatory, right?

the county level with the state legislations.

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- A. OARRS checks, except in that setting of like immediate post-therapy, the seven-day window, is mandatory to be checked. And dentists do not get an exception for that. That's only physicians.
- Q. And that became mandatory for physicians in 2015?
  - A. April 2015.

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- Q. And for pharmacies in 2016, right?
- A. That's my best understanding of it.

  I talked with the head of OARRS and he said some of those things are vague, but that's a fair estimate.
- Q. So it was nine to ten years before it became mandatory?
  - A. OARRS was started in 2006. The reporting by the pharmacies about the controlled substances was mandatory. The checks on it did not go into place until 2015, I think we just said, so about nine years.
    - Q. And for pharmacies in 2016, right?
    - A. Or the pharmacies.
- Q. Okay. Could that have been done sooner?
- A. I think that, you know, the

legislation regarding the practice of medicine is always a touchy topic. And could it have been done sooner? I guess it could have. I wouldn't really know, you know, enough to say how that could have been enacted.

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Q. Did the county do anything in those intervening nine or ten years to make it mandatory for physicians and pharmacies in the county to report to OARRS --

MR. BADALA: Objection to form. Outside the scope.

- O. -- or to check OARRS?
- A. The county did not. Again, the oversight of prescribing is a state function, so it would not have really been something the county I think would have addressed.
- Q. Are you aware of any policies or practices that specifically address when a county agency or employee can or should access data through OARRS?
- A. I don't know the specifics regarding the county hospital and their prescribers. I know they have to adhere to the state guidelines, as we mentioned, and whether they implemented any of those guidelines earlier than

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- that -- I believe in the emergency department at the MetroHealth Medical Center they did implement the check on OARRS for any narcotic prescription earlier than 2015.
- Q. How about in law enforcement? Were there any policies -- are there any policies or procedures in the county law enforcement agencies that address when those employees can or should access data through OARRS?
- A. Again, most of our law enforcement investigation of diversion, which OARRS would be beneficial for, would be done at a local level.

  So I don't know to what extent the sheriff has done that or has access to it.
- Q. How about any other agency, whether it's protective services or the county department of health; do they have written policies or procedures which specify when an employee can or should access data through OARRS?
- A. They wouldn't have access to OARRS because they're not prescribers, law enforcement, or, obviously, pharmacies. So no, I -- I would expect they do not because they don't have access to it.

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- Q. And how about the medical examiner's office; do you have policies, written policies which address when your employees can or should access data through OARRS?
- A. I don't know if we have them in writing, to be honest with you, but we have used the OARRS database for different data mining in regard to especially our linkage of the heroin-addicted population back to the opioid pain relievers, and the fentanyl-addicted population back to the opioid pain relievers as well. But written policies, I would think that if we had them, they should have been shared by counsel, but I don't know that I can tell you that for certain.
- Q. And we have already covered, haven't we, the data mining that you've done with the OARRS database?
- A. I feel like we have, but I'd certainly be willing to help you answer any questions you might want to ask.
- Q. Now, you first requested OARRS data in 2013. Are you aware of any effort to -- by anyone in the county to use the OARRS database for the purpose of detecting and stopping drug

Page 278 diversion before 2013? 1 2. Α. Using the OARRS database? 3 Q. Yes. MR. BADALA: Objection to form. 4 5 Α. In the course of investigations that the prosecutor would address, I would expect --6 7 again, this is local law enforcement, but our prosecutor will be ultimately prosecuting those 8 9 cases. They would have accessed OARRS for that 10 purpose. 11 And when I spoke with James 12 Gutierrez, he was also, like me, saying that 13 OARRS was a great tool for them in prosecutions. 14 0. Did the county use OARRS for 15 prosecutions prior to 2013? 16 Α. Yes. 17 And when was the first time the Q. 18 county used OARRS for prosecution? 19 I'd have to defer to the Α. 20 prosecutor's office on that. I do not know the 21 date. 2.2 In the end, OARRS is a very useful 23 tool for both law enforcement and public health, 24 right? 2.5 MR. BADALA: Objection to form.

Page 279 1 Outside the scope. I find it very useful in my capacity 2. Α. 3 as a public health officer. And it would be more difficult to 4 0. 5 detect and address diversion, drug diversion, if that didn't exist, right? 6 7 MR. BADALA: Objection to form. Outside the scope. 8 O. Strike that. 9 10 It would be more difficult to detect 11 and address drug diversion if you didn't have 12 access to those data, right? 13 MR. BADALA: Objection to form. 14 Outside the scope. 15 Detect or investigate, I don't -- I 16 certainly would say it might be -- it's a great 17 tool to facilitate investigation. The detection 18 of it and getting started with it might be painfully obvious in some situations. 19 20 And the investigation would be more Ο. 21 difficult without access to those data, right? 2.2 MR. BADALA: Objection to form. 23 Outside the scope. 24 Which topic -- are we still on Α. data -- I'm sorry -- or are we back to OARRS? 25

Q. We're talking about policies and procedures that relate to the OARRS database, but I'm following up on OARRS generally. The question is, would the investigation of drug diversion be more difficult without the OARRS database?

MR. BADALA: Objection to form.

Q. Without access to the OARRS database?

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MR. BADALA: Outside the scope.

- A. I would say, you know, again, the investigation of drug diversion is primarily much more of a local law enforcement function.

  Again, our sheriff could be participating in, and certainly, as I said, our prosecutor was able to say that the OARRS database was very helpful in the prosecution of diversions, but the identification of diversion, I would have to say from a county standpoint that's probably more something that local law enforcement is doing.
- Q. Would the investigation of drug diversion be more difficult without access to the OARRS database?

MR. BADALA: Objection to form.

Asked and answered. Outside the scope.

- A. I'd have to say it's a great tool to do investigations on prescribing, and if we've already mentioned those prescribing practices that result in diversion, yes, the OARRS database certainly would be helpful to identify them.
- Q. You're not going to answer, are you, Doctor?
- 10 MR. BADALA: Objection.
- 11 Q. Could I ask you again?
- 12 A. I didn't hear what you said, sir.
- Q. Forget it.

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- Okay, topic 30, "What efforts, if any, Plaintiffs made to influence the DEA's quota-setting process; and what actions, if any, Plaintiffs took in response to the DEA setting of quotas."
- Doctor, is the county aware that the DEA sets quotas with respect to Schedule 1 and 2 controlled substances?
- A. I wasn't aware Schedule 1 they set quotas on. Those are illegal drugs.
- Q. Is the county aware -- fine. Is the county aware that the DEA sets quotas with

Page 282 1 respect to any controlled substances? 2. Α. The Schedule 2 drugs are the ones 3 that are potentially addictive. Heroin is a Schedule 1, as I understand, so there better not 4 5 be any quota setting by the DEA on that. 6 Is the county aware that the DEA 7 sets quotas with respect to controlled substances? 8 9 A. I think in a general way they are, 10 yes. 11 And when did it become aware of Q. 12 that? 13 Α. I honestly don't know. What is -- well, strike that. 14 0. Do you know what the aggregate 15 16 production quota is? 17 No, I do not. Α. 18 MR. BADALA: Objection to form. 19 Does the county know how the Ο. 20 aggregate production quota is calculated? 21 MR. BADALA: Objection to form. 22 Outside the scope. 23 I don't know the answer to that. Α. 24 0. Has the county ever made any 25 comments or objections to the aggregate

Page 283 1 production quota? None that I'm aware of. 2. Α. 3 Has the county ever provided any Ο. input into that quota? 4 5 Again, in my discussions with our DEA liaison to the opiate task force, the 6 7 Attorney General's task force especially, that input isn't sought from DEA and we don't 8 9 influence their quota-setting process. 10 And that same goes for the 11 manufacturing quota? 12 If that's part of the DEA's Α. 13 quota-setting process, we don't influence that. 14 Q. And how about the procurement quota? 15 I'm assuming you're telling me 16 genuine parts of that process, but we have no 17 influence on them. 18 No input at all, right? Q. 19 Pardon me? Α. 20 No input into that at all, right? Q. 21 I would only say, you know, as we 2.2 share this data, that our office, as the medical examiner's office, and then these other task 23 24 force pieces of data, are being shared, that's 25 obviously something that we're sharing with

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    federal partners. To what extent that has any
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    influence, I have no idea, if it has any at all.
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           Q. Has the county ever become aware of
    any of the quotas in any year?
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          Α.
                 No.
                 And the county has not reacted to
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    any of those quotas in any year?
                 MR. BADALA: Objection. Outside the
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    scope.
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          Α.
                Not knowing them, we could not react
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    to them.
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                 MR. BORANIAN: Let's take a break.
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                 THE VIDEOGRAPHER: Off the record at
14
    3:59 p.m.
15
                       (Recess had.)
16
                 THE VIDEOGRAPHER: Back on the
17
    record at 4:13 p.m.
18
           EXAMINATION OF THOMAS GILSON, M.D.
19
    BY MR. CARTER:
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                Good afternoon, Doctor.
           Q.
21
                Hi, Mr. Carter.
           Α.
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                 Yes. You just got my name. I'm Ed
           0.
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    Carter. I've got some questions for you this
    afternoon, okay?
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           A. Yeah. Sure.
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- Q. With respect to the SAMHSA bulletin that you mentioned, what was the date of that?

  MR. BADALA: Objection to form.
  - A. It was, I believe, August 2013.
- Q. And SAMHSA, by its nature, was not compiling Cuyahoga County-specific data, was it? It was national data, right?
  - A. Yes, that's correct.

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- Q. You were also asked a question earlier whether the county ever reported diversion to the Defendants, and you mentioned a request to CVS and pharmacies to provide naloxone without a prescription. Do you recall that testimony?
- A. It came through a task force. I don't remember the exact wording I said, but as we were trying to blanket the community with naloxone, that was one of the interventions that was recommended, yes.
- Q. And that's one of the interventions that was requested from the task force to the pharmacies, correct?
- 23 A. That's my understanding of that, yes.
  - Q. And in response to that, the

Page 286 pharmacies did make naloxone available without 1 2. prescription, correct? 3 Yes, they did. Or at least I know that certain ones did, but I know that in 4 5 general that was a very positive response. Are you aware of any that refused 6 7 that request? I don't know that I know if anybody 8 Α. 9 did refuse or not. 10 I want to ask you about topic 18. 0. 11 You were designated as a witness for 12 the county to testify on topic 18, correct? 13 Α. Yes, I am. 14 What did you do to prepare to 15 respond to questions about topic 18? 16 I reviewed medical examiner data 17 with regard to overdose deaths as they related 18 to these medications and drugs listed here. 19 also reviewed the drug chemistry data, the 20 seized drug data in the forensic crime 21 laboratory. And I think that's -- those are my 2.2 biggest pieces of that. 23 How far back did you review the ME 0. 24 data? 2.5 2006. Α.

Page 287 And how far back did you review the 1 seized drug data? 2. 3 Α. Through 2017. So 2017 was as far back as you went? 4 Ο. 5 Α. Yes. 6 Ο. Okay. Anything else to prepare on 7 topic 18? Did you talk to anyone specifically about topic 18? 8 9 I discussed things with Mr. Shannon in my office, about trends and things, as we 10 11 recalled them, and our memories were pretty 12 similar on those things. 13 Ο. Anyone else? 14 Specifically on these topics, I 15 don't remember, but I think that's everybody. 16 Ο. You agree --17 That's my preparation. I should say 18 there's one person. That's everybody. 19 Ο. Sure. 20 You agree many illegal drugs have 21 been abused in Cuyahoga County? 2.2 MR. BADALA: Objection to form. 23 Α. Over the course of its history? 24 Over the course of the time period O . 2.5 relevant to this lawsuit.

Page 288 1 MR. BADALA: Objection to form. 2. THE COURT REPORTER: I'm sorry? Did 3 you say --THE WITNESS: Sure. I said yes. 4 5 Cocaine is one of those drugs that's Ο. been abused in the county, correct? 6 7 Yes. In fact, in 2006 that was actually the highest cause of drug overdose 8 9 mortality. 10 Q. Methamphetamine has been abused in 11 the county? 12 We issued an alert actually earlier 13 in 2018, about almost a year ago, to notice that 14 there was an upsurge in methamphetamine. It's 15 not a drug we see terribly frequently in our 16 county, but -- there were months in 2018 where 17 we did, but it's really not a major player in 18 what gets seized, and certainly not in our death 19 data. 20 Q. If it's not a major player, why did 21 the county release an alert? Oh. Well, I think that was the 2.2 Α. 23 responsible thing to do when we saw a big uptick 24 in the number of seizures. Methamphetamine is not a drug that is without its problems. 25

certainly has issues in the southern part of Ohio. It's not just been a big factor in the Cuyahoga County experience.

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- Q. In the alert did it say anything describing the extent to which meth was a problem in the county? Did it say methamphetamine is not a real problem here but we're issuing an alert?
- A. I don't remember the exact wording of the alert, but I would certainly say,
  Mr. Carter, it did not say it wasn't a problem.
  Any of these drugs are problems, and the fact that we were seeing more of it and issuing an alert, it certainly wasn't the intention of the medical examiner's officer or crime laboratory to downplay that. We were issuing the alert because we were concerned.
- Q. Is marijuana an illegal drug that's been abused in the county?

MR. BADALA: Objection to form.

A. Well, it's a legal substance now in Ohio. I think the details are being worked out now about distribution. But for the time frame that we're talking about, most of that time it was an illegal drug.

Q. And during that time period when it was classified as an illegal drug was it abused in the county?

MR. BADALA: Objection to form.

A. Yes.

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Q. What about synthetic marijuana; was that abused in the county?

MR. BADALA: Objection to form.

A. You know, I saw this question, and I would define synthetic marijuana as having a lot of overlap with spice and bath salts, and that's how I would answer your question, which is that we did have spice, bath salts, synthetic marijuana. How you described them as a problem, probably for about a year. And we were seizing lots of them. They were scheduled in Ohio, and I want to say this is about 2013, and largely vanished after that scheduling. We saw very few of them being submitted to the laboratory. Those numbers dropped off dramatically.

And in terms of mortality from the synthetic cannabinoids, very, very rare. We did research in the office and presented that on MDPV, which I would have to look up what those letters stand for. I think it's methyl -- I'd

have to look them up, but we didn't see a lot of mortality associated with them. And in my discussions with Dr. Papp, who's an emergency room physician, they weren't also something that was really dominating the picture in the emergency rooms either. Opioids are, far and away, dominating this picture in terms of what's being seized and certainly what's being, you know, a source of mortality.

- Q. So lumping those together, synthetic marijuana, spice, bath salts, those substances were abused in the county with a focus around 2013, correct?
  - A. That's my best recollection.
- Q. What about amphetamines; have amphetamines been abused in Cuyahoga County?
- A. I think, you know, most of that is referable back to methamphetamine, and when methamphetamine is broken down in the body, it goes to amphetamine. So a lot of our toxicology positive testing on that -- for example, in 2016, we had 15 overdose deaths with methamphetamine -- 16 overdoses with methamphetamine detected, 15 with amphetamine detected, so it's a little bit harder to tease

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- out what is just amphetamine versus methamphetamine because of the relationship they have in the breakdown in the body.
- Q. As a result of that chemical relationship, is it possible that the methamphetamine overdose deaths are underreported?
- A. Meaning, I guess, if I understand you correctly, could we have something reported as an amphetamine death and that actually being methamphetamine --
  - Q. Correct.
- A. -- and it would have been misidentified? I suppose that's certainly a possibility. I would add, too, parenthetically, in 2017 most of our methamphetamine deaths were in association with fentanyl and it was about 24 deaths, so the numbers aren't large, and it's sort of one of those things I think that fentanyl has a general trend in our county of pulling up a lot of other drugs. So methamphetamine, cocaine, heroin all got pulled up in 2016 when fentanyl really took off. And in analyzing that data, especially with cocaine and heroin, the change wasn't due to increases

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in isolated cocaine and heroin mortality. It was due to mixtures. Methamphetamine, being as small as it is, we didn't do that analysis.

- Q. And the fentanyl that you referenced pulling things up, that's illicit manufactured fentanyl that you described earlier, correct?
- A. That's -- that's our best understanding of that, yes.
- Q. What about benzodiazepines; have they been abused in Cuyahoga County?
  - A. Yes, they have.

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- Q. K2, has that been abused in the county?
- A. K2 is another one of the synthetic cannabinoids, so I would sort of lump it under the answer that I gave there.
- Q. You would answer it the same way that you did with respect to spice, bath salts?
- A. Right, and the synthetic cannabinoids, that sort of cluster, the cathinones and other things. That was a trend that we saw for a period of time, and mostly it came under that heading of bath salts, but these were other names for that.
  - Q. What about hallucinogens? Has

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ectasy and has LSD -- have those been abused in the county?

- A. We don't see a lot of LSD in the county, at least in the mortality data or particularly in the seizure data. I would hesitate to say, especially over this time frame, that that number is zero, but again I would emphasize it's a very small participant. And in and of itself, LSD is not a fatal substance in overdose. It probably would prompt more visits to the emergency department, and, again, based on my discussions with an emergency room physician at one of our three healthcare systems, it's not the player that the opioids are.
- Q. And with respect to drug abuse, the county recognizes drug abuse that does not result in an overdose death, correct?

MR. BADALA: Objection to form.

- Q. So, for example, with LSD, you can have people abusing the drug whether or not they overdose and die on it, correct?
- A. Right. We don't have, for example, a lot of deaths from marijuana. In fact, we don't have any deaths from marijuana by itself.

- The benzodiazepines by themselves very infrequently to vanishingly rare cause death by themselves. Alcohol. Opioids, yes, they're very much present there, but by themselves, not a particularly toxic compound.
- Q. What about PCP? Has that been abused in the county?
- A. We have a certain number of seizures with PCP every month. It's probably similar to oxycodone seizures, maybe about 10 to 25 a month.
  - Q. Is PCP a major player?

    MR. BADALA: Objection to form.
- A. I wouldn't consider it anywhere near the scope of fentanyl and heroin, and I would not, if I was handicapping the race, say in any way that it's a major player. I wouldn't list any of these except for the cocaine as a major player.
- Q. And every one of these drugs that we just went through that are listed here in topic 18, cocaine, methamphetamine, marijuana, the synthetics, amphetamines, benzodiazepine, ectasy, LSD and PCP, every one of those has caused addictions in the county, correct?

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Page 296 MR. BADALA: Objection to form. 1 2 Outside the scope. You know, I don't want to voice an 3 Α. opinion as to what constitutes addiction for 4 5 some of these substances because I don't know and I don't think it's very clearly defined. 6 7 There are addictions to cocaine and 8 methamphetamine. Are there addictions to the 9 synthetic cannabinoids? I don't know how 10 clearly defined that is. Are there addictions 11 to LSD versus abuse of it? That, I don't know. 12 I don't think it's clear and I don't think the 13 county would say all of these can be potentially addictive substances. 14 15 So to put a fine point on it, 16 sitting here today, does the county consider 17 each of those substances to be an addictive 18 substance? 19 MR. BADALA: Objection to form. 20 Outside the scope. 21 Α. The --2.2 Ο. Hold on one second so I can cure the 23 objection if it's valid. 24 MR. CARTER: How is that outside the

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scope of the use and abuse of controlled or

Page 297 regulated substances? 1 2. MR. BADALA: It just asked about 3 Plaintiff's knowledge and the actions taken. You're taking it much further than that. You're 4 5 asking if it constitutes addiction. I don't see the word "addiction." 6 7 MR. CARTER: So are you stipulating for this case that abuse is not related to 8 9 addiction? 10 MR. BADALA: I'm reading the topics 11 that you wrote clearly, but you're reading 12 something completely different it seems like. 13 MR. CARTER: If the position is 14 abuse does not equal addiction, then that will 15 streamline my questions. Are you saying abuse 16 is not addiction? 17 MR. BADALA: You wrote the topics. 18 I'm reading exactly how you wrote it. 19 MR. CARTER: So I'll reask my 20 question the same way then because I'm not 21 worried about the objection. 2.2 Does the county consider each of 0. those drugs on the list to be an addictive drug? 23 24 MR. BADALA: Same objections. 2.5 Outside the scope.

- A. No, because abuse does not equal addiction.
- Q. Has the county seen reports of minors using and abusing every one of these substances on the list?
- A. I don't know that I could drill that specifically into the data; that I know a lot of the charges around these would, again, be things that would be investigated by local law enforcement, and that data wouldn't be furnished necessarily to the county.
- Q. From the county's perspective, is drug abuse by minors a significant issue that they're concerned in addressing and preventing?

  MR. BADALA: Objection to form.
- A. Of course. I mean, nobody wants to see kids suffer. They don't like to see anybody suffer from drug use and abuse, but if you were asking me, you know, are there specific initiatives, I believe there are. We certainly have tried with the opioid crisis to establish a presence in our school systems to do education on that. I know we're not talking about the opioids here, but -- no. I'd have to say it's such an obvious question. Any abuse by a child

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would be a source of concern to the county.

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- Q. And given the county's concern about children abusing drugs, do you understand the rates or prevalence of children abusing the drugs in this list?
- A. There's data that's collected from federal groups, like the behavioral risk factor surveys, that our County Board of Health would be more familiar with than I. To the extent that goes down to the county level, I would have to defer to them on that. That's a somewhat separate entity from us as the county.
- Q. Of the drugs on this list, which one of them is most frequently abused by minors under 18?
- A. I don't think the county could give you an answer on that.
- Q. Has the use and abuse of the substances identified in topic 18 -- has every one of those caused the county to incur costs?

  MR. BADALA: Objection to form.

  Outside the scope.
- A. To the extent, obviously, that we have, you know, treatment programs for individuals abusing drugs, the county certainly

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would be incurring costs. We have an alcohol, drug addiction and mental health services agency in the county. It's separate from -- it's legally separate from county government, but they certainly are a group we collaborate with on the task force and are incurring costs around this.

The other thing I would say is, you know, to the extent that these are people who wind up in our county hospital, they would also be incurring costs. Maybe they're reimbursed, maybe they're not, but I would say they certainly would probably cost the county money. There hasn't been, I think, a dramatic escalation in any of these that I am aware of over the time frame, but at a baseline they certainly cost the county money.

Q. When you say there hasn't been a dramatic escalation, what was the baseline cost that the county incurred related to the use and abuse of the substances in topic 18 in 2015?

MR. BADALA: Objection to form.

Outside the scope.

A. I don't have an answer to that question. I did not come across that number in

my research on cost to the county on that. As I said, some of the costs that I mentioned are outside of the county, and that the ADAMHS -- that's our alcohol, drug addiction and mental health services -- is a separate entity and their budget is separate from the county.

Q. Is there any year from 1995 through to 2018 for which you could quantify the costs related to the use and abuse of the topic 18 substances?

MR. BADALA: Objection to form. Outside the scope.

A. No.

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- Q. Given that inability, do you stand by your testimony that those costs have not escalated over time?
- A. No. I didn't say the costs didn't escalate. I'm sorry if I wasn't clear. The mortality that we see with these drugs especially, and the emergency room visits that we see with these drugs, are not significantly changed over time. I will make an exception about cocaine and heroin, but in general, those numbers haven't changed. So the treatments that are in place for them were not, to the best of

my knowledge, changing, because there wasn't an increase in the problems these were causing with the opioid epidemic. Some of these things certainly would have the effect of the opioids pushing a lot of things that were less prevalent out.

So, for example, in our drug court, which was started in 2007, at the time it started, per the presiding judge there, most of the cases they were hearing at that time were cocaine related, and over time they've evolved to almost exclusively opioids, to the point that the county had to incur the cost of setting up a separate docket for drug court.

We had cases in place where there was a START program, which is a program that brings children and parents of addicted children in contact with people in recovery, and that was, again, primarily driven by cocaine, but as the opioid crisis has worsened, the focus has come again towards opioids. We don't ignore the cocaine population, but there's only so much the county has money to do and we have to treat as many of these folks as we can.

MR. CARTER: I'll move to strike

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Page 303 1 everything after the portion of the response 2. where it said, "in general those numbers haven't 3 changed"? MR. BADALA: Just note my objection. 4 5 MR. CARTER: You object to my motion to strike; is that what you're saying? 6 7 MR. BADALA: Yes. 8 MR. CARTER: Okay. 9 Ο. Do any of the Defendants in this 10 case -- have they ever made, sold, marketed or 11 distributed any of the drugs identified in topic 12 18? 13 MR. BADALA: Objection to form. 14 Outside the scope. 15 Many of these drugs are illegal, so 16 I wouldn't consider them controlled substances. 17 Cocaine and amphetamine and benzodiazepines are legal Schedule 2 -- I think cocaine --18 19 medications. I do not know whether these are 20 manufactured or distributed by the Defendants. 21 Does the cocaine -- excuse me. 2.2 Strike that. Does the county link the use and 23 abuse of the drugs in topic 18 to any specific 24 Defendant? 2.5 MR. BADALA: Objection to form.

Outside the scope.

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- A. I don't think so.
- Q. Does Cuyahoga County have a cocaine epidemic?
- Α. I mean, if I can qualify that No. and explain. If you look at our mortality data, which somebody was kind enough to give me -- on the chart this would be Exhibit 11. Cocaine is shown here from 2006 to 2014, and the mortality hasn't changed dramatically over that period of time. I can tell you that in 2015 that was also true, and in 2016, when we looked at that data, cocaine deaths nearly doubled in the county, from about 100 to over 200. But when we filtered out the impact of mixtures on the cocaine data, what we saw was that, in fact, cocaine had actually remained flat in isolation; in other words, cocaine without fentanyl hadn't really changed, but the fentanyl had pulled that That was also similar for heroin. curve up.
- Q. Is it possible that Cuyahoga County residents intended to abuse cocaine and, instead, ended up getting a mixture of cocaine laced with illicit fentanyl?
  - A. I think that's a true statement.

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Q. The same with respect to meth; are there examples where people may have intended to use meth but instead got meth that was laced with other substances, such as illicit fentanyl?

A. I can only say these are possibilities. I can't get inside the mind of what people were intending to abuse with regard to your question about cocaine. Traditionally, that was a drug that we saw much more prevalent in the African-American community and did not see a lot of fentanyl or heroin or opioid pain overdoses in the community. With that rise that I described, though, in 2016, we started to see a rise -- actually, it went back to 2015 -- in African-American fentanyl mortality, and it was our concern at that time that the mixture was pulling up that group.

On the other hand, the percentage of African-American cocaine deaths relative to other races declined because the mixture of cocaine in the fentanyl distribution was also showing up in the people intending to purchase fentanyl.

So I can't be specific, especially with a small subset like methamphetamine, what

Page 306 they were intending to purchase and what they 1 2. got. 3 How does the county define an 0. 4 epidemic? 5 MR. BADALA: Objection to form. 6 Outside the scope. 7 With the standard definition, which is an elevated prevalence of a disease beyond 8 9 its baseline in a community. 10 So when you were talking about 11 cocaine and the doubling of deaths between, I 12 think it was -- you said it was 2015 and 2016? 13 Α. Right. Yes. 14 So do you consider that doubling a Ο. 15 cocaine epidemic? 16 MR. BADALA: Objection to form. 17 Outside the scope. 18 No, for the reason that I am -- that Α. I mentioned, which is that when you factor out 19 20 the opioid contribution to that elevation, it's 21 not at an increased incidence over baseline. 2.2 O. Would you consider the number of deaths in 2016 where cocaine was adjudicated and 23 24 certified as the cause of death, is that a

crisis for Cuyahoga County?

MR. BADALA: Objection to form.
Outside the scope.

- A. I mean, we were in the midst of an opioid crisis before that. Certainly there was an acute worsening in 2016 that was driven by --primarily by fentanyl. That's the position of the county. The fact that cocaine was pulled back up with that, heroin was pulled back up with that doesn't negate the contribution of fentanyl to that part of the crisis.
- Q. So I'm trying to understand, with respect to cocaine specifically, does the county consider itself to be in the middle of a cocaine crisis?

MR. BADALA: Objection to form. Outside the scope.

A. We're in the middle of a drug crisis. I mean, is cocaine up from where it was, yes, and I think the strategy is all of the above with the drugs. But if you're asking me is the elevation in cocaine significant relative to the elevation of the opioids, I would say that it's less, because what our data shows in the mortality data is that the elevation in the cocaine is, unfortunately, being pulled up by

Page 308 1 fentanyl. O. So before the cocaine doubled 2. between '15 and '16, that previous baseline 3 level of cocaine abuse and death, do you 4 5 consider -- does the county consider the 2014 level of cocaine abuse and use to be a crisis in 6 7 and of itself? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 It's an area of concern. If you're 11 asking me is it a crisis because it's acutely 12 worsened, the answer to that is no. 13 Ο. So my question is if -- well, how 14 many deaths were there in 2014 caused by 15 cocaine? 16 I can check. 124. 17 Does Cuyahoga County consider 124 deaths to be a crisis? 18 19 MR. BADALA: Objection to form. 20 I'm sorry. You know, we're not Α. turning our back on these folks. All of these 21 2.2 things are sad, that these people are dying, and 23 I think, you know, the overshadowing of this 24 crisis by heroin, fentanyl is just more tragic, but if you're asking me are these folks any less 25

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valuable or something, like no. That's not a position. The county is concerned about all of our citizens, and these 124 folks who died of a cocaine overdose are just as much, you know, missed by their people as the hundreds who died of a fentanyl or heroin overdose.

- Q. So from the county's perspective, the 124 deaths in 2014, the county would consider those to be a crisis for cocaine?

  MR. BADALA: Objection to form.

  Outside the scope.
- "crisis," I think of that in terms of the epidemic, and that is not part of the epidemic, but it's a source of great concern. We don't like to see our citizens die of any drug overdose, but -- maybe we're parsing over words, but, you know, the crisis is really the opioids, it's not the cocaine here, but that doesn't mean that it's not a source of tremendous concern.
- Q. What did Cuyahoga County do in 2014 or the years that followed to address the use and abuse of cocaine that resulted in 124 deaths in 2014?
  - A. The county would have continued its

drug treatment services. The county would have made available things like the START program to those parents. It wasn't like we exclusively, you know, excluded them. So we would connect those parents with cocaine issues, with, you know, a mentor in recovery. The county would have responded to separate families where there potentially was an issue that wasn't resolvable with cocaine. I think the county, you know, continued its treatment efforts. Drug court didn't shut cocaine people out. It's just that the docket became much more tilted towards opioids.

- Q. Is that everything you can identify sitting here today the county did in response to the cocaine use and abuse in 2014?
- A. If I can look at our organizational chart again.

During that time period, around 2013, 2014, the sheriff's office instituted strike forces. They were supposed to supplement local law enforcement so that they could address any multitude of issues. So it could have been in part, you know, drug trafficking. Re-entry programs obviously were making efforts to

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Page 311 reintegrate cocaine addicts. Workforce 1 2. development. Prosecutions of drug dealers by our county prosecutor. The creation of drug 3 court for the treatment of drug addicts in lieu 4 of incarceration, provision of mental and 5 medical health services in the county jail. 6 7 Does the county --0. There's a lot of things --8 Α. 9 I'm sorry. Ο. 10 I'm sorry. I just wanted to sort of Α. 11 close it. 12 This problem touches so many levels 13 of our community, and I think, you know, 14 interventions for some of these things are not 15 necessarily just we shut the door on everything 16 except the opioids. We're trying to deal with 17 all of them, and I don't want to say that I could be exhaustive. I think as I run through 18 19 our org chart, there's a lot of things I can see 20 there. 21 From the county's perspective, is 2.2 the use and abuse of methamphetamine at crisis level? 23 24 MR. BADALA: Objection to form. 2.5 Outside the scope.

A. Again, you know, with what I've said about crisis, I would say no, it hasn't really escalated to the comparabilities of like being similar to heroin or, especially now, fentanyl.

- Q. Has the county done everything in its power to combat the abuse of the illegal drugs identified in topic 18?
- A. I think the county has made significant investments to do that. I think if you ask me are there more things we wish we could do, we do. But there's -- you know, as much as we can do, I really feel, especially our models of collaboration, cooperation -- they're national models now, and I do feel that this has really been a very exemplary response to this crisis, both this one and the opioid crisis especially.
- Q. You talked earlier in the day about Mexican cartels and China with respect to illicit fentanyl. Do you recall that topic generally?
- A. I remember mentioning China, and I think the person who was asking me at the time mentioned Mexico, and that's part of the story I think as well.

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Q. Do you agree that the importation of heroin and illicit fentanyl from other countries into the county could be considered an act of terrorism?

MR. BADALA: Objection to form.

Outside the scope.

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Which topic are we on?

MR. CARTER: We're on 34.

MR. BADALA: If you could just

indicate that.

- A. I think I made that statement.
- Q. You've made that statement. I'm asking does the county agree with it.
  - A. I wouldn't want to necessarily put that as the county's position. It's a personal opinion. I don't know that I have independent confirmation to say that.
  - Q. Okay. In terms of the drivers of the rapid increase in mortality in the county from 2010 through to today, do you agree that it's been heroin, illicit fentanyl, fentanyl analogs and cocaine since 2010?

MR. BADALA: Objection to form.

A. Sure. I mean, I think that, you know, you can look at this page from Exhibit 13,

which goes up to 2012. Here's our crack 1 2. cocaine. There's our prescription opioids. Here's the heroin phase. And if you want to go 3 back to our own charts and graphs, the fentanyl 4 phase was even worse than the heroin escalation. 6 The analogs of fentanyl that we saw, 7 carfentanil, the elephant tranquilizer, those other drugs, all caused significant rises in 8 mortality, and like the opioid pain relievers, 10 heroin, fentanyl, they are illicit opioids that act on the same mechanism in the brain that the 11 12 opioid pain relievers do.

- 0. So I think we're on the same page, but just to be clear then, from 2010 through to today the primary drivers of the increase in mortality in the county have been heroin, illicit fentanyl, fentanyl analogs and cocaine, true?
- Again, I'd have to put the caveat Α. with cocaine that, by itself, it hasn't dramatically changed, and that the changes that we see in cocaine can be reasonably attributed to fentanyl, as can the changes after 2016 with heroin, but heroin, in the time frame you mentioned, is a significant game changer from

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Page 315 2012, 2011 onward. 1 2. Ο. I want to follow up on some questions on topic 19. You talked about the 3 criteria. I'm not going to go through all that 4 5 again, but I want to focus on the criteria, the third one you identified, people that have been 6 7 diagnosed with an opioid use disorder, okay? How does the county define an opioid 8 9 use disorder? 10 The county identified that in 11 consultation with experts beyond what I'm 12 prepared to talk about today. 13 0. So sitting here today, can you give 14 me a scientific or a layperson definition that the county used to define opioid use disorder or 15 16 did you defer to the experts on that? 17 Α. I believe we deferred to the experts 18 on that. 19 Related, does the county have an 0. 20 official working definition of addiction that it

- official working definition of addiction that it used to identify individuals in response to Exhibit A and Exhibit B that are part of Deposition Exhibit 2?
- A. I'm not aware of a working definition the county has for addiction.

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Page 316 Q. Do you agree that a diagnosis of 1 addiction is a medical task? 2. 3 MR. BADALA: Objection to form. I mean, the addiction has a 4 Α. 5 definition in medicine. And there are physicians who provide 6 7 medical diagnoses of addiction, correct? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 I don't know if I would say addiction versus substance use or abuse 11 12 disorder. It's an area of medicine, the 13 terminology of which I am not familiar and I 14 would not think the county would have an opinion 15 on. 16 Do you know whether there are ICD-10 0. 17 codes to define a substance use disorder? 18 MR. BADALA: Objection to form. 19 Outside the scope. 20 Α. ICD-10? 21 Ο. Yes. I don't think the county knows that. 22 Α. I don't know it myself. 23 24 Do you know what ICD codes refer to 0. 25 generally?

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Page 317

- A. Sure. Sure do. I do I should say.

  The county may not, but the International

  Classification of Diseases. As their agent, I

  would be able to inform them of that.
- Q. Do you agree that, from a medical perspective, it's inappropriate to assume a use disorder or an addiction, however you want to use that term -- you would need to look at an individual case, an individual resident story to arrive at a conclusion of a use disorder or addiction, right?

MR. BADALA: Objection to form.
Outside the scope.

- A. Yeah. That's a medical diagnosis again and I don't think the county would express anything about the appropriateness of misclassifying that.
- Q. So the county has never -- well, the county has never used its medical examiner data or any other data set that it creates and assigned classification of a use disorder or an addiction based on looking at that data set, correct? That's nothing the county has ever done before?

MR. BADALA: Objection to form.

- A. The medical examiner data would not arrive at those diagnoses. The alcohol, drug addiction and mental health services of the county would arrive at diagnoses like that. The hospital could arrive at diagnoses like that.

  Does the county itself, you know, oversee that diagnosis? No.
- Q. You agree that all use -- substance use disorders can be treated, correct?

  MR. BADALA: Objection to form.

  Outside the scope.
- A. That's a question outside my area of expertise.
- Q. So you do not know whether the county is able to treat substance use disorders for any substance they might classify?

  MR. BADALA: Objection to form.
- 18 Outside the scope.

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- A. As I understood your question, all substance use disorders being treatable, I don't know that that's something that I could say the county has an opinion on.
- Q. What about, does the county agree that, with appropriate support, all addicted individuals can make a recovery?

MR. BADALA: Objection to form.

2 Outside the scope.

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- A. I think the county would like to give all those addicted individuals that opportunity. Whether or not they can recover would be beyond really the scope of the county's ability to predict that.
- Q. Do you agree that there are a number of people who take prescription opioids and do not develop an opioid use disorder?

MR. BADALA: Objection to form.
Outside the scope.

- A. Again, without having a definition of an opioid use disorder, I could only say that the long-term use of opioids would be expected over time to create dependence on them and physical withdrawal symptoms when they were removed. Whether that moves into addiction or not, I couldn't really say.
- Q. Do you agree there are a number of people who take prescription opioids and never go on to break the law?

MR. BADALA: Objection to form.

Outside the scope.

25 A. I would sure hope so.

Q. Are there people who have an opioid use disorder from prescription opioids who do not go on to use illegal narcotics?

MR. BADALA: Objection to form.

Outside the scope.

Which topic are we on?

MR. CARTER: Topic 19, "The criteria used to identify individuals who overdosed on, or became addicted to, prescription opioids."

MR. BADALA: Objection to form.

Outside the scope.

- A. Now you guys made me lose the question.
  - O. Sure.

The question was, are there people who have an opioid use disorder from prescription opioids who nonetheless do not go on to use illegal narcotics?

MR. BADALA: Same objections.

- A. I think national data would support that and probably local data, that there were people prescribed who did not go on to become addicted.
- Q. With respect to topic 19, has the county itself vetted or confirmed any individual

diagnosis of an opioid use disorder?

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- A. That information was submitted to the experts for their interpretation. The county did not independently vet those experts. They were referred to our attorneys and they consulted with the experts.
- Q. In connection with compiling the individuals identified on Exhibit A, did the county conduct any interviews of those individuals?
- A. We identified claims data with the criteria that I've mentioned, and that was submitted through to our attorneys, and then they conferred with experts and responded to the interrogatories. To my knowledge, the county did not conduct independent interviews after that referral.
- Q. After that information was referred to the attorneys and the experts, do you know if the attorneys or the experts interviewed the individuals listed on Exhibit 2, sub-Exhibit A? It's the oversized printout.
  - A. It's the big one, right?
- 24 O. Yes.
- MR. BADALA: And I would just

instruct you, if you learned about any conversations through the attorney, not to disclose those.

- O. So it's the oversized one?
- A. The big kahuna.

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Q. So I'll ask a simpler question.

Sitting here today as the representative of the county, do you know whether anyone whose name appears on Exhibit A has been interviewed in connection with their identification on that chart?

- A. Again, that would have been referred to the attorneys in consultation with experts on behalf of the county. To the best of my knowledge, there was no follow-up interviews conducted to the experts' opinions.
- Q. To the extent the DSM-5 definition of an opioid use disorder was employed, do you know, for the individuals on Exhibit A, whether -- what severity of an opioid use disorder they were found to have had?
- A. To the extent that we're not familiar with the criteria used, I wouldn't want to speculate on DSM-5 criteria and whether they were employed.

- Q. For everyone listed on Exhibit A, do you know when in time they first developed any kind of substance abuse disorder?
- A. All I can say is the patients were diagnosed with a substance use disorder. The timing, based on the documents I have in front of me, which were provided by our attorneys and experts, don't specify, to my examination of them, a date when they developed the diagnosis when they developed the disorder or were diagnosed with it. They may be two different dates, as I'm sure you know.
- Q. For any of the individuals listed on Exhibit A, do you know whether they are currently diagnosed with an opioid use disorder or whether they are in some stage of remission?

  MR. BADALA: Objection to form.
- A. I can speak, as the county's medical examiner, that once diagnosed with an opioid use disorder, my understanding is that diagnosis remains, whether it's in remission or not.
- Q. And my question is, do you know whether any of them are in remission such that the diagnostic code would include that modifier?
  - A. I don't know that the diagnostic

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Page 324 1 code includes that modifier, so I can't answer 2. your question. 3 Do you know for any of the individuals on Exhibit A what the first drug was 4 5 that they abused? That may be known, but as I say, we 6 7 just identified the patients and referred them to counsel for consultation with experts. 8 Whether they identified that in the course of 10 their investigation, I do not know if they 11 identified what initial drug they first used. 12 For the individuals listed on 13 Exhibit A, can you identify any specific name of 14 a person whose first drug of abuse was a 15 prescription opioid? 16 MR. BADALA: Objection to form. 17 Outside the scope. It's getting a little bit late. I'm 18 Α. just getting a little fuzzy. Could you read 19 20 that back? 21 Ο. Sure. Happy to. 2.2 Of the individuals listed on Exhibit

Of the individuals listed on Exhibit A, can you identify any individual for which their first drug of abuse was a prescription opioid?

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MR. BADALA: Objection to form.
Outside the scope.

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- A. The county cannot. We referred these for the consultation with the experts, and that may be something uncovered in their consultation, but from our standpoint, we did not go further than that to identify first drug used or anything from the county's standpoint.
- Q. Who on Exhibit A was arrested, if anyone?

MR. BADALA: Objection to form. Outside the scope.

- A. I don't know who was arrested there. We didn't really explore that when we made the referrals. We just identified people who did not have cancer, who were receiving high doses of opioids, and who were diagnosed with a substance use disorder, but we did not include criteria for arrests.
  - Q. Who on Exhibit A doctor shopped?
- A. Again, when the county submitted the claims data, that was as far as we went in terms of that investigation, and the doctor shopping may have come to light with the consultation with experts and review of records, but we are

Page 326 1 not aware of that. 2. 0. Who on Exhibit A pharmacy shopped? 3 I'd have to say the same answer to Α. 4 that. 5 Do you know what any individual on Ο. Exhibit A understood about the risks of using 6 7 prescription opioids? MR. BADALA: Objection to form. 8 9 Outside the scope. 10 I don't understand your question. 11 Could you rephrase it? 12 Q. Sure. 13 For any of the individuals listed on 14 Exhibit A do you know what any of them 15 individually understood about the health risks 16 associated with using prescription opioids? 17 The county would not know that. Α. 18 0. Okay. Do you know about any conversations that any individual on Exhibit A 19 20 had with their doctor or pharmacist? 21 MR. BADALA: Objection to form. 22 Outside the scope. 23 Again, we submitted the names, the 24 500 names, with the criteria that I've spelled out, and beyond that, I really am not in a 25

position to state more for the county's involvement.

- Q. Sitting here today, do you know whether any individual on Exhibit A actually overdosed on an opioid?
  - A. I do not.

Q. All right. Home stretch.

Exhibit B to Exhibit 2. It's the one at the very back. If you turn a couple pages in to page 5, that's where it starts with Cuyahoga instead of Summit. Are you with me?

- A. Yes, I am.
- Q. So for anyone on Exhibit B, do you know what substance was certified as their cause of death?
- A. The causes of death are not listed on this sheet.
- Q. Does the county know which of these individuals on Exhibit B had multiple substances certified as the cause of death?
- A. As I sit here, I can't answer that question, but that information could be obtained.
- Q. Does the county know which of these individuals, if any, had prescription opioids

identified as the cause of death?

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- A. We would send prescription opioid overdose data to the Ohio Department of Health on a quarterly basis. I believe that started in 2014 based on grant funding. So that database could be cross-checked with this, but as I sit here today, I don't have that information.
- Q. So sitting here today, you can't point me to any of these individuals on page 5, 6 or 7 and tell me specifically which ones had a prescription opioid identified as their cause of death?
- A. No. As I say, the information is available based on what we, I believe, referred to Defendants in information that was sent to the Ohio Department of Health, but these individuals, I can't run through the list and pick out names and tell you this one died from prescription opioids. I can't -- I can't do that today.
- Q. To the extent individuals on Exhibit B did have prescription opioids identified in their cause of death, do you know which ones obtained those legally pursuant to a prescription?

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A. I don't know if that would be knowable, so I don't -- I'd have to say the county would say we don't know.

- Q. For anyone on Exhibit B with an overdose attributable to a prescription opioid, can you tell me whether it was obtained legally or illegally?
- A. I thought that was the question I just answered. I'm sorry.
- Q. I just wanted to make sure I was on the same page with you.

So do you know -- I think I asked you if you knew if it was legal, so I'm asking all together, both sides, can you tell me one way or the other whether anyone on here with a death that was attributable to a prescription opioid, whether that was obtained legally or illegally?

A. I cannot tell you that. I don't know whether these prescription opioid deaths would have been legal or, as I said, whether we can actually track that through our database because of the potential legal -- obtaining something legally in another jurisdiction that we don't have access to.

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Page 330

- Q. From the medical examiner's perspective, there's no data or ability at the medical examiner level to posthumously diagnose an opioid use disorder, is there?
- A. We would have to rely, in the course of a death investigation, whether the individual came to our office with that diagnosis, but in terms of an anatomical examination or laboratory testing, I'm not aware of anything that facilitates that diagnosis.
- Q. Has the county's medical examiner ever diagnosed -- made a primary diagnosis of an opioid use disorder in a case that it was investigating?
- A. We may list it as a diagnosis in our investigation, but as I say, that would have been uncovered in the course of a historical review, not from the actual physical examination of an individual.
- Q. For the individuals listed on Exhibit B, do you know which ones, if any, were arrested?
- A. Again, I don't know if that information is available, but I do not know it as I sit here today.

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- Q. Was anyone on Exhibit B involved in doctor shopping?
- A. I would have to go back to the database. Again, information might be available, but I don't honestly know that I could point to a specific name on this list and tell you that was a doctor shopper.
  - Q. Who on Exhibit B pharmacy shopped?
- A. I'd have to answer the same way.

  That information may be available but I do not have it with me today in preparation for testimony.
- Q. Who on Exhibit B diverted prescription opioids?
- A. That may be a very tough question to answer, actually, because if they weren't caught, nobody would probably know that, so I couldn't -- I don't think anybody could give you an answer to that question in completion. There may be records of prosecutions within the county for some of these folks diverting, but I don't think I would be able to say whether they would be exhaustive given the surreptitious nature of that activity.
  - Q. Is the county able to say

Page 332 conclusively for every person listed on Exhibit 1 2. B that but for their use of prescription 3 opioids --THE WITNESS: I'm sorry. Could we 4 5 take a break? My daughter was supposed to be picked up at 5:30 and I want to make sure my 6 7 wife knows I won't be doing that today. 8 MR. CARTER: Sure. Absolutely. I 9 only have three questions left, but you can take 10 a break. 11 THE WITNESS: I'll be right back. 12 just have to call her. MR. CARTER: That's fine. We'll go 13 14 off the record. 15 THE VIDEOGRAPHER: Off the record at 16 5:08 p.m. 17 (Short recess had.) 18 THE VIDEOGRAPHER: Back on the 19 record at 5:10 p.m. 20 BY MR. CARTER: 21 Is the county prepared to say 22 conclusively for every person listed on Exhibit 23 B that but for their use of prescription opioids, they would not have overdosed and died 24 25 when they did?

A. As I say --

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MR. BADALA: Objection to form.

A. As I say, these were identified with criteria. Not having their causes of death in front of me, I do not know what they died from. We do, as a county, support and state that individuals who died from opioid pain relievers, in addition to heroin and fentanyl, in large measure, are referable back to the opiate pain reliever use in this county, but I don't know the causes of death on these individuals other than they overdosed, and not knowing specifics on that, I just know that they have a substance use disorder, but I don't know the substances and I don't think I should offer an opinion without that information.

Q. So I asked you about every person on the list. Let me ask any person on the list. For any person on that list is the county able to tell me that but for their use of prescription opioids, they would not have overdosed and died when they did?

MR. BADALA: Objection to form.

A. Again, lacking their cause of death, I can only point to the criteria that were used

to select this list, but I don't know that I could specifically answer your question beyond that.

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- Q. With respect to some of the questions I asked you in terms of doctor shopping arrests, pharmacy shopping, whether they diverted, were any of those factors considered in compiling the list of individuals on Exhibit B?
- A. We identified the claims, as I said, for the opioids on the basis that they did not have -- they were not cancer patients, they were receiving high dose, which we defined as 120 medical morphine equivalents or higher, and that they had a diagnosis of a substance use disorder. Beyond that, I cannot characterize them further in terms of arrests or other things.
- Q. With respect to the folks on Exhibit B, who on there had a dose of over 120 MME?

  MR. BADALA: Objection to form.

  Outside the scope.
- A. As I understand it, these criteria were applied to the individuals on that list of 500 that were provided, and they met all three

Page 335 of these criteria. 1 2. 0. So you believe everyone on Exhibit B met all three of those criteria? 3 I am not familiar enough with 4 5 Exhibit B, but if they are taken from the claims data, then they would have met those three 6 7 criteria. Does Exhibit B include all 8 Ο. 9 prescription-related opioid deaths that the 10 county has experienced during the time frame or is it some subset? 11 12 It's got to be a subset. There just 13 aren't enough names on there for all the opioid 14 deaths that we've had. 15 My question was prescription opioid 16 related, so would you give the same answer to 17 So does Exhibit B contain all that? 18 prescription opioid deaths that the county has 19 experienced? 20 Give me a second to think on that. Α. 21 That would be impossible given the 2.2 number here. There's more prescription opioid deaths in the county than these names here. 23 24 0. Can you attribute any Cuyahoga

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County resident's death to the specific conduct

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Page 336 of a specific Defendant? 1 2. MR. BADALA: Objection to form. 3 Outside the scope. The opioid crisis has its genesis in 4 5 the prescribing practices that were facilitated by the Defendants, and, to that extent, the 6 7 opioid deaths, in large measure, are the responsibility of the actions of the Defendants. 8 That's the position of the county. 10 Can you link any specific conduct to 11 any individual's death? 12 MR. BADALA: Objection to form. 13 Outside the scope. 14 Any specific conduct --Α. 15 0. Of the Defendants to an individual's 16 death. 17 MR. BADALA: Same objections. 18 Α. The misrepresentation of the 19 addiction potential of the compounds, the large 20 distribution of drugs into the county, the 21 efforts to create formulations that were not --22 I shouldn't say not tamper resistant. 23 efforts to create quidelines for prescribing and 24 lobbying efforts around those. A lot of -- I 2.5 can't think of everything necessarily in one

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swoop, but the actions of the Defendants are -in the counties have been responsible for the
deaths -- the creation of the opioid crisis and
the deaths that we're seeing.

- Q. Which individual on Exhibit B died as a result of a misrepresentation of the addictive potential of the compounds?
- MR. BADALA: Objection to form.
  Outside the scope.
- A. I think again I have to say that with regard to Exhibit B, I do not have causes of death as to substances and I wouldn't want to hazard a guess as to what information would be relevant to your question.
- Q. Which individual on Exhibit B died as a result of the large distribution of drugs into the county?
- MR. BADALA: Objection to form.

  19 Outside the scope.
- A. To point to a specific one, I could not do.
  - Q. Which individual on Exhibit B died as a result of efforts to create guidelines for prescribing and/or lobbying efforts around those?

Page 338 1 MR. BADALA: Objection to form. 2 Outside the scope. 3 I'd have to say, again, I can't point to specific ones. I don't know their 4 5 causes of death. And not knowing that, I can't go further on characterizing them. 6 7 With respect to the Ο. misrepresentation of the addictive potential of 8 9 the compounds, the large distribution into the 10 county, and the lobbying efforts, which specific 11 Defendants engaged in that conduct that you believe was causal of any death? 12 13 MR. BADALA: Objection to form. 14 Outside the scope. 15 Which topic are we on now? 16 On topic 19 and 34 and 2 and 18 and 0. 17 probably others. 18 MR. BADALA: So is it your position 19 that this applies to all those topics, this 20 question? 21 MR. CARTER: Yes. The ones that I 22 just mentioned, yes. 23 Α. And one more time. I'm sorry. 24 Ο. So which Defendants, sitting here today, does the county identify as engaging in 25

the specific conduct that you just mentioned related to the death of anyone on Exhibit B?

MR. BADALA: Objection to form.

4 Outside the scope.

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- A. The county identifies all of the Defendants. That was why we filed the lawsuit. And the specifics of these individuals I regret I don't have, but the county's position is that all of the Defendants are ultimately responsible for this creation of this drug-addicted population.
- Q. So for any individual on Exhibit B, can you link their death to any specific Defendant?
- MR. BADALA: Objection to form.
  Outside the scope. Asked and answered.
- A. As I understand the individuals on B, the county identified them and referred them for -- to our attorneys for expert analysis. The county doesn't have a position on what you had asked me.
- Q. And then my last question, can you identify any Defendant named in the lawsuit who could have prevented the county's opioid crisis?

  MR. BADALA: Objection to form.

Page 340 1 Outside the scope. 2. Which topic are we on? 3 MR. CARTER: Topic 34. MR. BADALA: Objection to form. 4 5 Outside the scope. So if I understand your question, 6 7 you're asking me to identify which of the Defendants we believe caused or contributed to 8 9 the opioid crisis in our geographic area. 10 No. I'm asking the flip of that. 11 My question is, can you identify any Defendant 12 who could have prevented Cuyahoga County's 13 opioid crisis? 14 MR. BADALA: Objection to form. 15 Outside the scope. 16 Yes. All of them. Α. 17 And how could they have prevented Q. 18 it? 19 MR. BADALA: Same objections. 20 By not creating that culture of 21 undertreatment of pain, by not encouraging the 2.2 overprescribing of pain medications, by not 23 misrepresenting the addictive potential of those 24 medications. The things that have been spelled 2.5 out before I think in terms of the actions of

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the Defendants that contributed to the opioid crisis, with pain relievers initially and subsequently transitioning into the opioid crisis as we saw it with heroin and fentanyl and the analogs of fentanyl.

- Q. With respect to the mortality data that you have, what was the mortality attributable to illegal drugs for 2017 -
  MR. BADALA: Objection to form.
- Q. -- or whatever year you have in front of you? In Exhibit 11, what's the last year? That's the yellow one that's at the top.
  - A. The last year on here is 2014.
- Q. Okay. Then let's do it without a specific number. What could any Defendant have done to prevent the deaths in 2017 in Cuyahoga County that your office determined were caused by heroin, illicit fentanyl, fentanyl analogs, carfentanil or cocaine?

MR. BADALA: Objection to form.

You said '14 and then you said '17.

MR. CARTER: I did. So this

question is 2017. I was trying to give him a reference point to a number. I was trying to wrap up since we're at the end of the day. So

I'll ask it again to be clear.

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- Q. I understand you don't have a specific number of deaths in front of you, but there were deaths in 2017 in Cuyahoga County that were attributable to heroin, illicit fentanyl, carfentanil, fentanyl analogs and cocaine. Each of those substances represented at least one death in 2017, correct?
- A. Yes. Illicit fentanyl, I'd sort of just say that our testing can't distinguish diverted fentanyl from illicitly manufactured fentanyl, but our general impression is that most of those deaths were attributable to illicitly manufactured fentanyl.
- Q. So whatever the number was attributable to that combination of illegal drugs that I just mentioned, what -- can you identify any Defendant who could have prevented those deaths in 2017?

MR. BADALA: Objection to form.
21 Beyond the scope.

- A. Again, all the Defendants could have prevented that situation.
- Q. So all the Defendants could have prevented every single illicit drug death from

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Page 343
    those substances I just mentioned in 2017?
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                 I don't think it would be the
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    county's position on every one, but most of
    them, yes.
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             Can you identify a percentage?
          A. I'd have to look closer at that. I
6
    don't know.
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                 MR. CARTER: Okay. And then just as
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    an administrative clean-up, I'd like to mark the
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    binder that the witness brought with him today
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    as whatever the next number is. I think it's
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    14.
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                 MS. RANJAN: That one has the notes
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    on it, doesn't it?
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                 THE WITNESS: This one has my notes.
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                 MR. BADALA: You can mark that one.
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                 MR. CARTER: We'll handle the
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    logistics of --
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                 MR. BADALA: That's okay.
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                 (Thereupon, Gilson Deposition
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                 Exhibit 14, Binder, was marked for
                 purposes of identification.)
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                 MR. CARTER: If we could go off the
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Page 344 record. I think we're done, but just a quick 1 caucus. 3 THE VIDEOGRAPHER: Off the record at 4 5:22 p.m. 5 (Recess had.) THE VIDEOGRAPHER: Back on the 6 7 record at 5:35 p.m. EXAMINATION OF THOMAS GILSON, M.D. 8 9 BY MS. ROITMAN: 10 Good evening, Mr. Gilson, or 11 Dr. Gilson. I'm Sara Roitman from Purdue. I 12 introduced myself to you earlier. I just have a 13 few more questions for you. 14 MS. ROITMAN: Before we begin, I 15 think we have a housekeeping administrative 16 point. Exhibits 4, 5 and 6 were premarked but 17 they were not introduced into the record. I 18 think that's the consensus of everyone for clarity sake. Thank you. 19 20 Q. Dr. Gilson, I'd like to talk about 21 topic 4, and topic 4 is -- includes the criteria 2.2 that Plaintiffs used to identify the information 23 required by the interrogatories at issue in 24 discovery ruling number 5, and for your 25 reference, those interrogatories at issue, the

Page 345 ones I'm going to talk about, are manufacturers' 1 2. interrogatories 6, 7 and 10, specifically, the 3 Plaintiffs' response to number 6, which was marked as Exhibit 3 today. And it's -- to 4 5 orient you, it's the December 31st, 2018 6 response to interrogatory 6. 7 I have Exhibit 3. So, Dr. Gilson, to orient you, the 8 0. 9 exhibit that we have been referring to today as 10 Exhibit 2, I believe, that giant Excel 11 spreadsheet --12 Α. This one, yes. 13 Ο. -- that was -- Plaintiffs referred 14 to that in their response to interrogatory 6 15 when they were identifying 500 alleged 16 prescriptions that were written in reliance of 17 Manufacturer Defendants' alleged misstatement. 18 I appreciate that you have testified numerous times today that you didn't see Exhibit 2 or 19 20 that spreadsheet prior to today, and so I'm just --21 2.2 I'm going to say I don't remember 23 seeing them. 24 MR. BADALA: Object to that 2.5 characterization.

Q. Fair enough.

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What I'm going to ask you really is just strictly the criteria that the county used when responding to interrogatory number 6.

So did any of the criteria that the county used in responding to interrogatory 6 include determining whether a doctor on that Excel spreadsheet was ever visited by a sales representative?

MR. BADALA: She's talking about Exhibit 3.

- A. This would be page -- I remember the list was there.
- Q. I can tell you it's not -- it is -- what I'm trying to figure out is the criteria that was used for identifying the prescriptions listed on that giant Excel spreadsheet, the 500 prescriptions.
- A. I just want to refresh my memory.

  So it says in Exhibit 2, on the page with the doctors' names, that the "Bellwether Plaintiffs further contend that, by misrepresenting the risks, benefits, and superiority of opioids, particularly for use long-term and at high doses, including, but not limited to, through

sales visits, continuing medical education and speaker programs, publications and websites, and treatment guidelines, Manufacturer Defendants deprived prescribers and patients of the ability to make informed choices about whether, when and which opioids to prescribe and use, for how long, and at what doses." So it mentions sales visits in that. I don't know specifically, of the doctors who were listed, which ones had a sales visit.

Q. Doctor, I don't want to interrupt you, but I do want you to answer my question. It's getting late, and I think all of us want to get out of here and get you out of here. That wasn't my question. My question was, in coming up with the prescriptions that are identified in Exhibit 2, that big Excel spreadsheet, which was provided in response to interrogatory 6, did the criteria that Plaintiffs used to come up with the prescriptions on that list include any criteria to determine whether any of the prescribers on that list had ever been visited by a sales representative?

A. The criteria that I have harkened back to that were used to create the list where

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they were not cancer patients, they were high dose, that is greater than 120 morphine -- medical morphine equivalents or higher, and patients who were diagnosed with a substance abuse disorder.

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- Q. And so would the answer to my question be no?
- A. But I think they were saying -- at least the prescriptions identified in Exhibit A was unauthorized, medically unnecessary, ineffective, or harmful, and then further down on that page they identify that the misrepresentation was unnecessary and harmful, do not -- but that the sales visits are included in some of the misrepresentations.
- Q. Doctor, I'm going to move to strike. I need you to answer my question.
- A. I'm trying to, ma'am. I'm very sorry.
- Q. So if you can focus on what I'm asking.

Did the criteria that Plaintiffs used to come up with the prescriptions on that list, did it include determining whether or not any of those doctors had been visited by a sales

Page 349 1 representative? 2. MR. BADALA: Objection to form. 3 Asked --The answer should be yes or no. 4 0. 5 I've tried to answer it as best I 6 can from the response from the interrogatory. 7 Whether that was a separate criteria, that's not my understanding. 8 9 For the record, you're not -- the 10 response that you're reading from there is not 11 in response to interrogatory 6. It's in 12 response to interrogatory 7 or interrogatory 10. 13 My question is focused on interrogatory 6. If 14 you're not going to answer my questions, I am 15 going to have to request more time. I assure 16 you we are all trying to get out of here, so --17 was there any separate criteria that was used besides the three criteria that you've 18 19 identified, non-cancer, high dose opioids in 20 your words, and patients identified with an 21 opioid use disorder? Were any other criteria 2.2 used for coming up with the prescriptions on 23 Exhibit A? 24 That's how we identified the claims. Α. 2.5 So the rest of my questions should Q.

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be fairly simple for you to answer. Would any of the criteria include whether any of those doctors were visited by a sales representative?

- A. These criteria do not include that.
- Q. Do any of the criteria include being visited by one of the Manufacturer Defendants' sales representatives?
  - A. Not the criteria that were used.
- Q. Did any of the criteria used pertain to whether or not any of the physicians on that list ever attended a continuing medical education program that was sponsored by any of the Manufacturer Defendants?
  - A. Not listed in my list of criteria.
- Q. Did the criteria include ever -- whether any of those doctors ever had attended a continuing medical --
- A. I think I finally understand where we're differing. These are --
  - Q. Please let me finish my question.
  - A. Oh, sure. Absolutely.
- Q. Did the criteria that you used include if they ever attended any sort of continuing medical education program at all relating to opioids?

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- A. No. I think what I'm saying, if I could answer where I think we might be on different purposes, is I think that things I was describing were characterizations of the prescriptions, but the claims that we submitted to attorneys were based on these criteria.
- Q. Again -- and this may be an issue that you just have not read that response before today and why it has been somewhat frustrating to get accurate kind of answers to our questions on this -- what are you referring to there isn't the response to interrogatory number 6 that I'm asking about. It's in response to a completely different interrogatory, 7 and 10. So if you could just stay with me and answer my questions, I think we would all be grateful for it.

MR. BADALA: I think part of the problem is you're telling him to look at 2 when you're talking about 3.

MS. ROITMAN: No. For the record, he's, on his own volition, reading a different exhibit that we're not talking about.

MR. BADALA: I get it, but you keep saying back to the prescriptions in Exhibit 2.

Exhibit 3 is what you're talking about. So we

Page 352 can put 2 to the side and he can look at 3. I 1 think that's the confusion. MS. ROITMAN: The confusion is 3 Exhibit 2, which is that big list of -- that 4 5 huge Excel spreadsheet, that is what I'm referring to. Plaintiffs -- you referred to 6 7 that big list when they were responding to interrogatory 6. 8 9 MR. BADALA: So that's where I think the confusion is. He is now looking at that. 10 If he can look at Exhibit 3, then I think that's 11 12 more helpful. 13 0. So we can call it 2A if you want. I 14 think part of the problem is --15 MR. BADALA: I think that's going to 16 mess up the record a little bit. 17 -- is you have not looked at these 18 responses before today and you're not familiar 19 with them. 20 MR. BADALA: I'm going to object to 21 that characterization. That's not been his 22 testimony. 23 MS. ROITMAN: You can object all you 24 want. 25 Let's go back to my questions. Q.

A. Sure.

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- Q. Did any of the criteria that were used to come up with the prescriptions that were identified in that big Excel spreadsheet include trying to figure out if any of the doctors on there had had any specific contact with one of the Manufacturing Defendants?
  - A. In coming up with a list, no.
- Q. Any criteria -- was there any criteria that was used for determining why any of the doctors on that big exhibit, Excel spreadsheet, prescribed the opioids to the patients listed there?
- A. I think some of them were the ones who were prosecuted, so they were identified by that.
- Q. So is that a different criteria that you're saying you were using?
- MR. BADALA: Objection to form.

  20 Asked and answered.
- A. I am not following your question.
- 22 I'm sorry.
- Q. I'm trying to -- you've identified
  the three criteria that were used. I'm trying
  to figure out if there are any other criteria

Page 354 1 that were used to identify the people on Exhibit 2A. 3 Oh, I thought you were talking about the doctors. No. The claims for the opioids 4 5 are the three criteria that I mentioned. 6 MS. ROITMAN: Thank you. I have no 7 further questions. THE WITNESS: Thanks. 8 9 MR. BADALA: Anyone else in the room 10 have any questions? Anyone on the phone have 11 any questions? 12 I just have a few questions. 13 MS. ROITMAN: Can we just go off the 14 record quickly? 15 THE VIDEOGRAPHER: Off the record at 16 5:45 p.m. 17 (Recess had.) 18 THE VIDEOGRAPHER: Back on the 19 record at 5:47 p.m. 20 EXAMINATION OF THOMAS GILSON, M.D. 21 BY MR. BADALA: Dr. Gilson, I just have a couple of 2.2 0. 23 follow-up questions from your deposition today. 24 You mentioned earlier that you took some notes during your conversation with Tamara 2.5

Page 355 1 Chapman. Do you recall that? 2. Α. Yes, I do. 3 Can you describe those notes for me? I was having a phone conversation. 4 Α. 5 I wrote them on a piece of paper no bigger than two-by-two inches, and they -- the points I 6 7 wrote down were that they were seeing an increase in the number of custody cases at DCSF, 8 9 which is where Ms. Chapman is employed, an 10 increase in the number of positive toxicology 11 bursts, and that she indicated that it was her 12 impression that was related to opioids. 13 MR. BADALA: I have no further 14 questions. 15 MR. CARTER: Nothing further. 16 MR. BORANIAN: Nothing for me. 17 MR. BADALA: Anyone on the phone? 18 And I just want to note one thing 19 for the record. Plaintiffs did serve amended 20 responses and objections to the 30(b)(6) 21 Those weren't included, but by deposition. 22 reference, we refer to our responses and 23 objections. 24 THE VIDEOGRAPHER: Off the record at 2.5 5:48 p.m.

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Page 356
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              (Deposition concluded at 5:48 p.m.)
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Page 357 Whereupon, counsel was requested to give instruction regarding the witness' review of the transcript pursuant to the Civil Rules. SIGNATURE: Transcript review was requested pursuant to the applicable Rules of Civil Procedure. TRANSCRIPT DELIVERY: Counsel was requested to give instruction regarding delivery date of transcript. 1.3 2.2 

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1
                  REPORTER'S CERTIFICATE
 2.
     The State of Ohio,
 3
                           ) SS:
     County of Cuyahoga.
 4
 5
               I, Renee L. Pellegrino, a Notary Public
 6
 7
     within and for the State of Ohio, duly
8
     commissioned and qualified, do hereby certify
     that the within named witness, THOMAS GILSON, M.D.,
10
     was by me first duly sworn to testify the truth, the
11
     whole truth and nothing but the truth in the cause
12
     aforesaid; that the testimony then given by the
13
     above referenced witness was by me reduced to
14
     stenotypy in the presence of said witness;
     afterwards transcribed, and that the foregoing is a
15
16
     true and correct transcription of the testimony so
17
     given by the above referenced witness.
               I do further certify that this
18
19
     deposition was taken at the time and place in the
20
     foregoing caption specified and was completed
21
     without adjournment.
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Page 359 1 I do further certify that I am not a 2 relative, counsel or attorney for either party, 3 or otherwise interested in the event of this 4 action. IN WITNESS WHEREOF, I have hereunto set 5 my hand and affixed my seal of office at 6 Cleveland, Ohio, on this 15th day of January, 2019. 7 8 9 10 leve L. Pellegrino 11 12 Renee L. Pellegrino, Notary Public 13 14 within and for the State of Ohio 15 16 My commission expires October 12, 2020. 17 18 19 2.0 21 22 2.3 24 25

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                              Veritext Legal Solutions
                                 1100 Superior Ave
                                    Suite 1820
                               Cleveland, Ohio 44114
 3
                                Phone: 216-523-1313
     January 15, 2019
5
     To: SALVATORE BADALA
6
     Case Name: In Re: National Prescription Opiate Litigation v.
7
     Veritext Reference Number: 3191875
8
     Witness: Thomas Gilson, M.D. Deposition Date: 1/14/2019
9
10
     Dear Sir/Madam:
11
     The deposition transcript taken in the above-referenced
12
     matter, with the reading and signing having not been
13
      expressly waived, has been completed and is available
14
     for review and signature. Please call our office to
15
     make arrangements for a convenient location to
16
     accomplish this or if you prefer a certified transcript
17
     can be purchased.
18
19
     If the errata is not returned within thirty days of your
     receipt of this letter, the reading and signing will be
20
     deemed waived.
21
22
23
     Sincerely,
24
     Production Department
25
     NO NOTARY REQUIRED IN CA
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1	DEPOSITION REVIEW
	CERTIFICATION OF WITNESS
2	
	ASSIGNMENT REFERENCE NO: 3191875
3	CASE NAME: In Re: National Prescription Opiate Litigation v.
	DATE OF DEPOSITION: 1/14/2019
4	WITNESS' NAME: Thomas Gilson, M.D.
5	In accordance with the Rules of Civil
	Procedure, I have read the entire transcript of
6	my testimony or it has been read to me.
7	I have made no changes to the testimony
	as transcribed by the court reporter.
8	
9	Date Thomas Gilson, M.D.
10	Sworn to and subscribed before me, a
	Notary Public in and for the State and County,
11	the referenced witness did personally appear
	and acknowledge that:
12	
	They have read the transcript;
13	They signed the foregoing Sworn
	Statement; and
14	Their execution of this Statement is of
	their free act and deed.
15	
	I have affixed my name and official seal
16	
4.5	this, day of, 20
17	
18	Notary Public
19	Notary Public
19	Commission Expiration Date
20	Commission Expiracion Date
21	
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د ک	

Page 362 1 DEPOSITION REVIEW CERTIFICATION OF WITNESS 2 ASSIGNMENT REFERENCE NO: 3191875 CASE NAME: In Re: National Prescription Opiate Litigation v. 3 DATE OF DEPOSITION: 1/14/2019 WITNESS' NAME: Thomas Gilson, M.D. 4 In accordance with the Rules of Civil 5 Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s). 8 9 I request that these changes be entered as part of the record of my testimony. 10 I have executed the Errata Sheet, as well as this Certificate, and request and authorize 11 that both be appended to the transcript of my 12 testimony and be incorporated therein. 13 Date Thomas Gilson, M.D. 14 Sworn to and subscribed before me, a Notary Public in and for the State and County, 15 the referenced witness did personally appear and acknowledge that: 16 They have read the transcript; 17 They have listed all of their corrections in the appended Errata Sheet; 18 They signed the foregoing Sworn Statement; and 19 Their execution of this Statement is of 20 their free act and deed. I have affixed my name and official seal 21 this \_\_\_\_\_, day of\_\_\_\_\_, 20\_\_\_\_, 22 23 Notary Public 24 25 Commission Expiration Date

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	ERR	ATA SHEET	
VI	ERITEXT LEG	AL SOLUTION	IS MIDWEST
	ASSIGNME	NT NO: 1/14	:/2019
PAGE/LINE(	S) /	CHANGE	/REASON
Date		Thomas	Gilson, M.D.
SUBSCRIBED	AND SWORN	TO BEFORE M	IE THIS
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# Federal Rules of Civil Procedure Rule 30

- (e) Review By the Witness; Changes.
- (1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:
- (A) to review the transcript or recording; and
- (B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.
- (2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES

ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1,

2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES

OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

# VERITEXT LEGAL SOLUTIONS COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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